



PATIENT

Stanley Kovats

PRESENTING CLINICAL SIGNS

Stanley, a 8 year old Male Neutered Golden Retriever, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a neck mass. The right sided neck mass was initially noticed a month ago. And it seems to grow fast. He has been eating, drinking, urinating, and defecating okay but had a few episodes of vomiting last two weeks. found a month ago, last week feel growing fast Two lipoma on the right side of his chest

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

BREED

Golden Retriever

A pre- and post-contrast CT study of the skull, thorax and abdomen in a bone and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

Skull

MN

The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

AGE

8 Years, 10 Months

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

HOSPITAL NAME

Animal Health Partners

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

REFERRING VET

Dr. Lea Mehrkens

In the epaxial & hypaxial musculature on the right side of C1/C2 to C4/C5 a ill-defined, irregular soft tissue attenuating and moderate irregular contrast enhancing mass is visible, partially encompassing the cervical spine from the right aspect. The soft tissue mass is measuring approximately 9.0 x 7.0 x 12.6 cm in size. The mass is in close contact with the right lamina & transverse process of C2&C3 presenting immature periosteal new bone formation. The soft tissue mass is protruding into the vertebral canal by the right neuroforamen C1/C2 and C22/C3, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level; the dural tube at the same level is displaced to the left and distorted by the mass effect.

INVOICE

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The right medial retropharyngeal lymph node is moderately enlarged and presents a moderate increased contrast enhancement. The right medial retropharyngeal lymph nodes is displaced ventrally by the mass associated with the cervical spine.

Thorax

DATE

11-26-21

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is



PATIENT uniform and considered within normal limits.

Stanley Kovats The cardiovascular structures including the pulmonary vasculature are within normal limits.

SPECIES The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

Canine The lung parenchyma presents the expected architecture and attenuation behavior.

BREED Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Golden Retriever Abdomen

SEX The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

MN Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

AGE The adrenal glands are within normal limits for size, shape and organ architecture.

8 Years, 10 Months The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INTERPRETED BY The liver presents multiple pre- and post-contrast parenchymal, mild irregular marginated, filling defects, measuring up to 10 mm in size.

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HOSPITAL NAME The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Animal Health Partners The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

REFERRING VET **COMPUTED TOMOGRAPHIC DIAGNOSIS**

Dr. Lea Mehrkens

- Ill-defined soft tissue neoplasia right ep- and hypaxial musculature cranial cervical spine with invasion of the vertebral canal
- Secondary polyostotic aggressive osteoproliferative lesions C2&C3
- Lymphadenopathy right medial retropharyngeal lymph node
- Hypoattenuating parenchymal hepatic lesions
- Structural normal thorax, no evidence of pulmonary metastatic spread

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a local invasive growing soft tissue neoplasm – such as fibrosarcoma, hemangiosarcoma, rhabdomyosarcoma – and secondary invasion of the periosteum of C2&C3 and the vertebral canal with mass effect on the dural tube. FNA sampling



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can be used as an advanced diagnostic tests. There are no feasible curative surgical treatment options and management are limited to palliative management (e.g. radiation therapy, chemotherapy). Neurological clinical signs are likely to develop with progressive growth.

The enlarged medial retropharyngeal lymph node is consistent with metastatic spread.

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The hypoattenuating hepatic lesions are suggestive for hepatic cysts. Potentials include steroid induced hepatopathy, regeneration nodules or metastasis.

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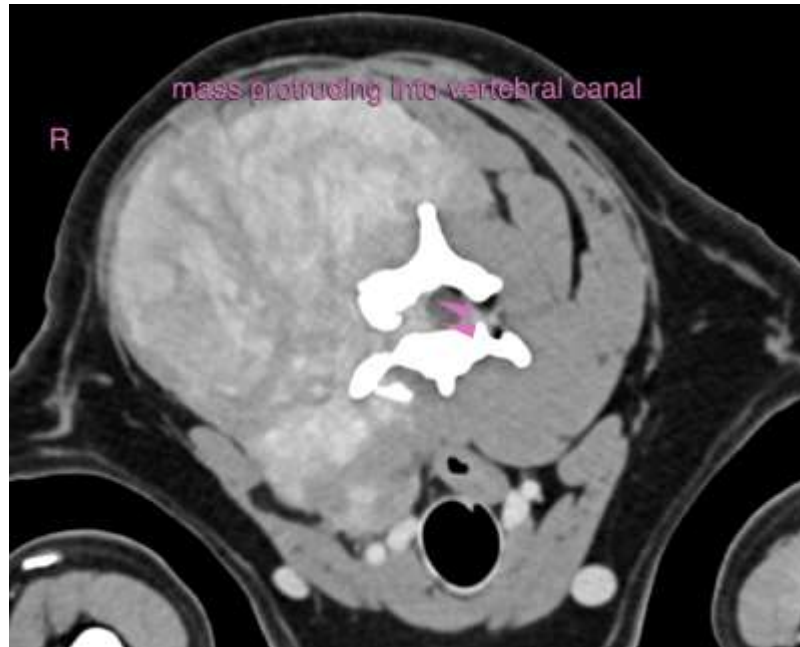
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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