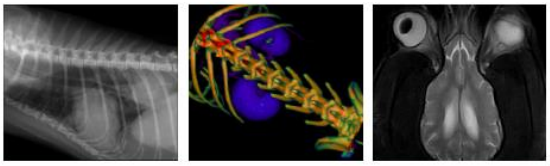

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1-800-838-4268 info@sonopath.com

PATIENT

Max Mostarac

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Dickinson

INVOICE

55747

DATE

12-21-22

PRESENTING CLINICAL SIGNS

Suspect large thoracic mass, hypertrophic osteopathy, on prednisone and gabapentin
Abnormal PE/Chem/CBC/UA Results: Elevated ALP, neutrophilia

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A plain CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the humeri bilaterally and the scapulae mild brush border like periosteal new bone formation is appreciated – most accentuated along the humus bilaterally.

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

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

The accessory lung lobe is consolidated and presents an increased volume with rounded margins. Very mild mineralization of the consolidated accessory lung lobe is appreciated. The bronchi of the accessory lung lobe are compressed by the mass effect. The right caudal lung lobe is distorted by the mass effect of the accessory lung lobe. In the caudodorsal aspect of the left caudal lung lobe, a well-defined soft tissue attenuating nodule measuring 2.2 mm in diameter is appreciated.

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

Abdomen

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

Both kidneys present mild irregular margins.

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

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma.

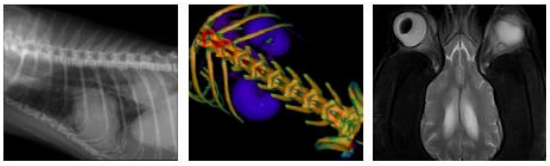
The left medial liver lobe is moderately enlarge, a soft tissue nodule is protruding mildly from the surface of the caudoventral aspect of the liver, and the adjacent peritoneal fat presents focal moderate fat-stranding and nodular appearing soft tissue attenuation.

In the left caudal abdomen, at the left craniolateral aspect of the urinary bladder, a well-defined, irregular roundish soft tissue attenuating nodule is appreciated, measuring 1.5 x 1.1 x 1.2 cm in size.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

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

Along the femoral diaphysis bilaterally, lamellar brush border like periosteal new bone formation



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is appreciated.

In the subcutaneous of the left abdominal wall, level with L6/L7, a roundish, soft tissue attenuating mass is seen, measuring 2.7 x 1.8 x 2.6 cm in size. Multiple smaller subcutaneous nodules are seen along the abdominal wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Pulmonary mass accessory lung lobe
- Solitary pulmonary nodule left caudal lung lobe
- Possible hepatic nodule and focal peritonitis
- Subcutaneous soft tissue mass left caudolateral abdominal wall
- Peritoneal soft tissue nodules
- Polyostotic semiaggressive osteoproliferative lesions along the appendicular skeleton – history of hypertrophic osteopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT pulmonary mass is a plausible cause for the history of hypertrophic osteopathy. The pulmonary mass is highly suggestive for primary pulmonary neoplasia with carcinoma being most common. Complete surgical excision of the pulmonary mass is considered feasible – depending on the involvement of the hilar region of the right caudal lung lobe, lobectomy of the right caudal lung lobe might be necessary as well.

The solitary pulmonary nodule in the left caudal lung lobe is not specific and potentials include metastasis, fibrosis, granuloma, round pneumonia/mucus impaction and the underlying pulmonary mass is increasing the odds for metastasis.

The caudoventral aspect of the left medial liver lobe presents with small convex shaped protrusion of the hepatic surface are concerning for nodular hepatic lesions – neoplastic versus nodular hyperplasia. The focal peritonitis and the nodular pattern of the peritoneal fat may increase the odds for neoplastic disease (e.g. carcinomatosis). Recommend FNA sampling of the subcutaneous mass in the left flank as well as an abdominal ultrasound examination ± FNA sampling of the liver and the peritoneal nodular lesions.

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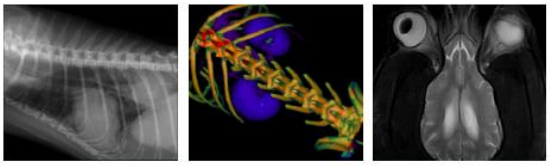

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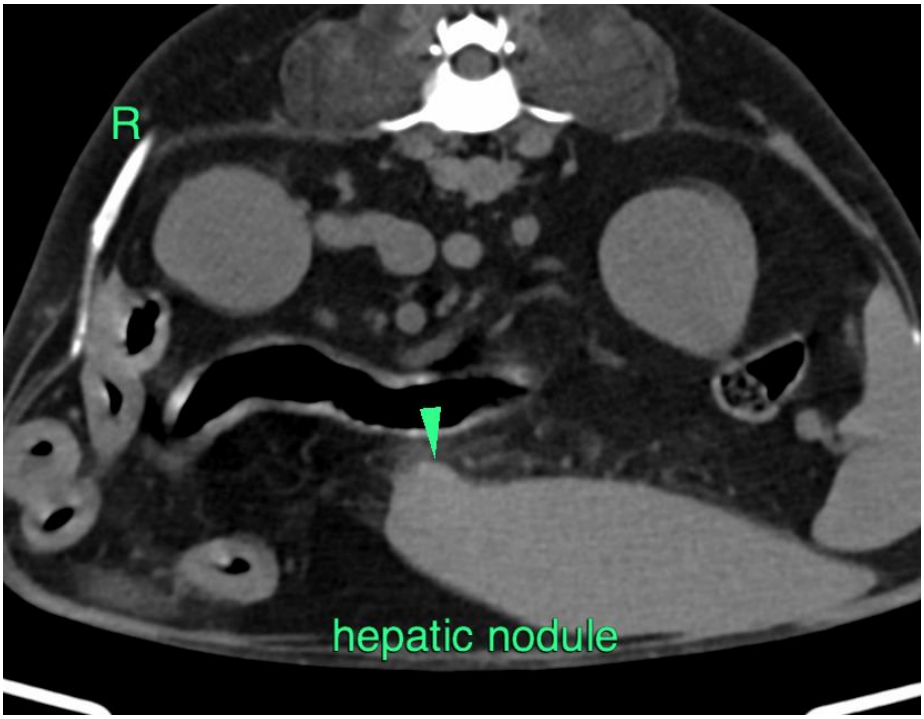

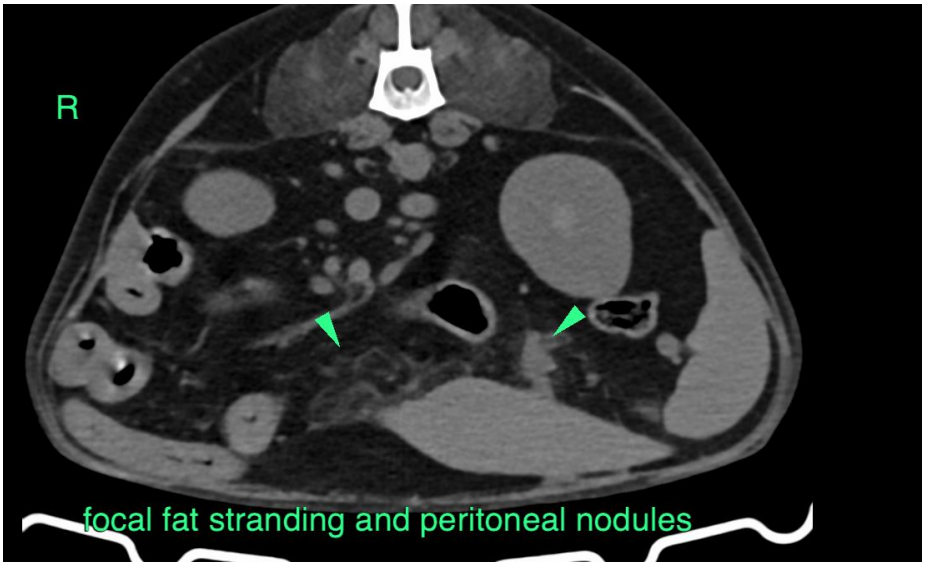

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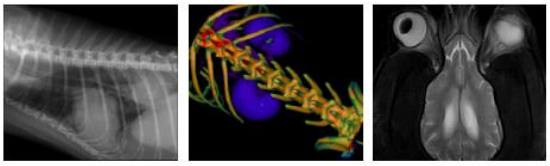

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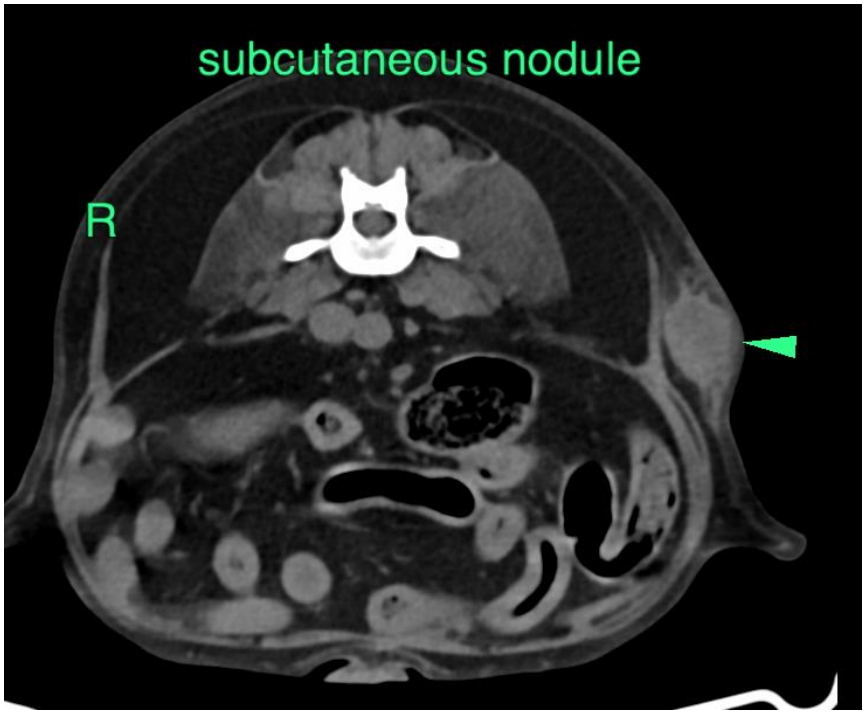

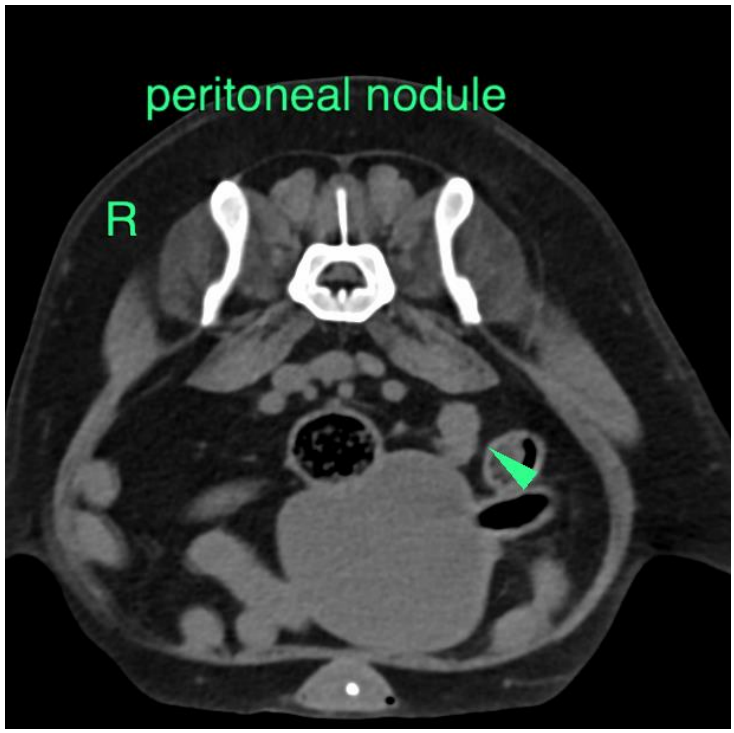

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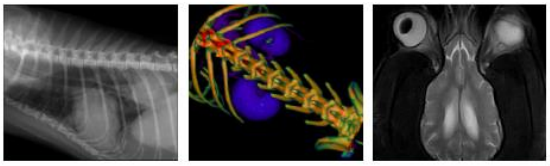

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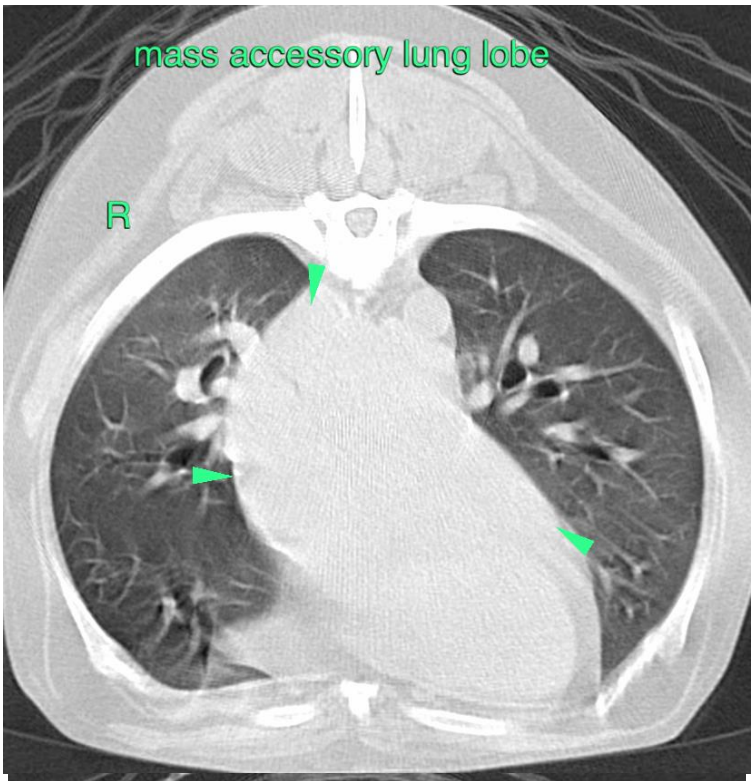

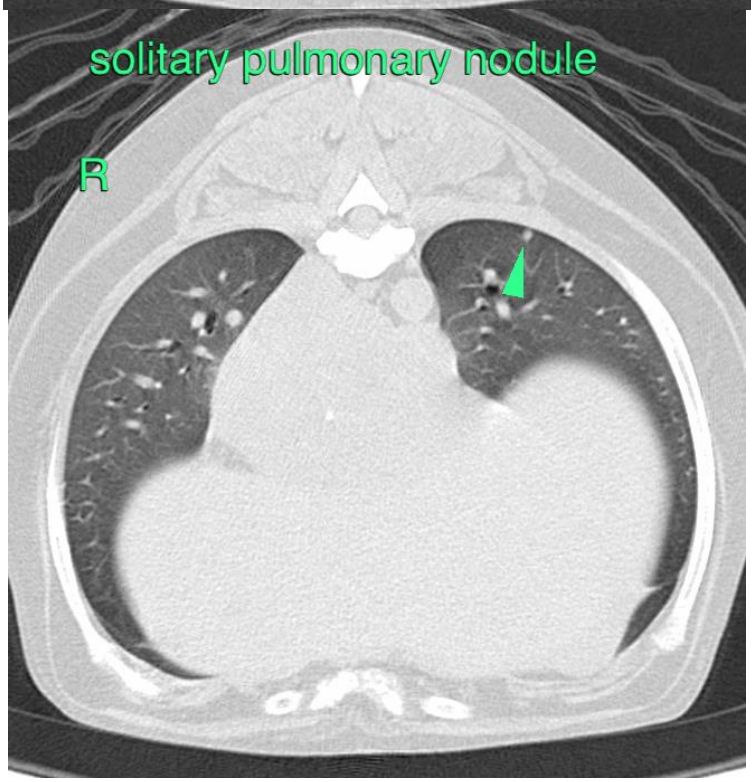

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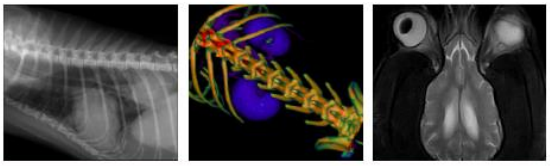

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com