



PATIENT PRESENTING CLINICAL SIGNS

Tessa Burns Soft tissue sarcoma behind right axilla, multiple other masses on dog, hx bilateral knee procedures, obese

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Labrador Retriever Thorax

Mild dorsoventral flattening of the cervical tracheal segment is present.

SEX
FS Both shoulder joints present moderate osteophyte new bone formation. Multifocal mild mineralization of the fascial planes along the shoulder musculature bilaterally and the epaxial musculature is seen. A lipoma is seen medial to the left serratus ventralis muscle.

AGE
8 Years In the right axillary region – potentially in the fascial plane between the deep and superficial right pectoral muscle, a well-defined, ovoid shaped, heterogeneous soft tissue attenuating and heterogeneous contrast enhancing mass is visible. The right axillary mass is measuring 10.0 x 6.3 x 8.5 cm in size. The right axillary lymph node is prominent.

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI 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 uniform and considered within normal limits.

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

HOSPITAL NAME
Animal Health Partners 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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

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

The left medial liver lobe presents a post contrast hyperattenuating nodular lesion in the arterial

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REFERRING VET
Dr. Debbie Reynolds



PATIENT

phase, measuring 1.9 cm in diameter. The remainder of the hepatic parenchyma are uniform soft tissue attenuating and contrast enhancing.

Tessa Burns

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

SPECIES

Canine

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

BREED

Labrador Retriever

The vertebral endplates L4/L5 present moderate spondylosis formation. The intervertebral disc L6/L7 is mildly protruding into the vertebral canal. The pictured parts of the stifle joint show moderate osteophyte new bone formation. There is evidence of preceding TPLO surgery.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SEX

FS

AGE

8 Years

INTERPRETED BY

- Right sided axillary soft tissue mass – suspect intermuscular right pectoral musculature
- Lymphadenopathy right axillary lymph node
- Solitary hepatic contrast enhancing nodule
- Degenerative osteoarthritis shoulder joints bilaterally
- Mild calcinosis cutis
- History of cranial cruciate ligament repair by TPLO
- Moderate degenerative osteoarthritis stifle joints bilaterally
- Submuscular lipoma left thoracic wall
- Mild intervertebral disc protrusion L6/L7 without spinal cord compression
- Spondylosis deformans
- No evidence of pulmonary metastatic spread

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

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The right axillar mass is consistent with the history of sarcoma. The right axillary mass appears to be located in the fascial plane between the deep & superficial pectoral muscle. Marginal surgical resection in combination with adjuvant chemotherapy or radiation therapy can be considered – in the proximal aspect the mass is in close conjunction with the axillary vascular and nerval structures. If more aggressive surgery is an option, amputation might be considered.

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The prominent right axillary lymph node is equivocal for reactive hyperplasia versus metastatic spread.

The hepatic contrast enhancing nodule is suggestive for nodular hyperplasia and I consider the odds for underlying neoplastic disease lower. Ultrasound guided FNA sampling might be used for further definition.

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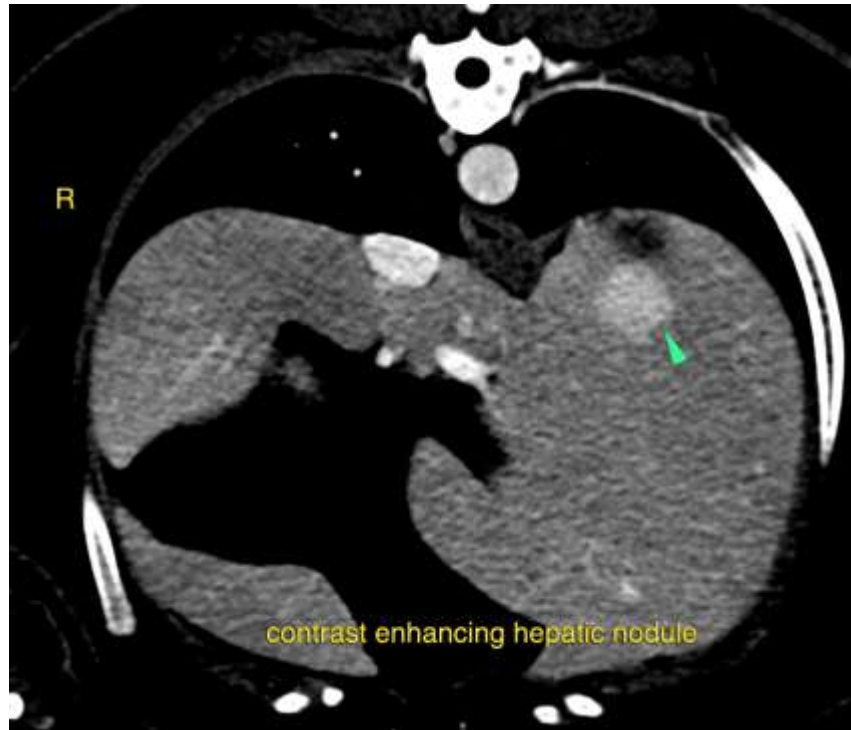
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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