



PATIENT

PRESENTING CLINICAL SIGNS

Mia Sofia Monserrate

Mia has been w/ a non healing lesion on L tarsal pad. She has been on antibiotics & did not respond to. Advised O to submit bx to r/o neoplasia. Diagnosis: Malignant Melanoma - Tarsal Pad - Canine Examined are two sections of tissue from the foot pad. Expanding the dermis is an unencapsulated, poorly demarcated, densely cellular neoplasm. The neoplastic melanocytes are arranged in sheets, nests and interlacing bundles and consist of polygonal to spindle-shaped cells with abundant eosinophilic cytoplasm. Cytoplasmic melanin pigment is rarely present in neoplastic cells. The cells have large round-oval nuclei with finely stippled chromatin and prominent nucleoli. Marked nuclear and cellular pleomorphism are noted and the mitotic count is 24 mitotic figures per 10 high power fields, and are frequently bizarre. Cutaneous malignant melanomas can have a rapid growth rate and metastasize via lymphatics to regional lymph nodes and lungs and occasionally to other body sites
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

F

COMPUTED TOMOGRAPHY OF THE THORAX AND HIND LIMBS

A high resolution pre- and post-contrast CT study of the thorax and hind limbs are provided for review.

AGE

10 Years

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

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.

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

Multifocal throughout the lung parenchyma, variable size, soft tissue attenuating, nodular lesions are visible – measuring up to 12 mm in size.

REFERRING VET

Dr. R. Ferenandez,
DVM

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

Hind limbs

The right medial iliac lymph node is prominent. The right popliteal lymph node is markedly enlarged, rounded, uniform soft tissue attenuating, rounded and presents an irregular contrast enhancement pattern; the short-to-long-axis ratio is increased >0.5.

INVOICE

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The volume of the right gluteal and thigh musculature is moderately decreased.

DATE

12-30-21

The right crus presents a moderate circumferential subcutaneous swelling with a heterogeneous contrast enhancement pattern – extending proximally up to the level of the stifle joint. Centered on the 4th and 5th phalanx of the right hind paw, a large, ill-defined, uniform soft tissue attenuating and heterogeneous contrast enhancing mass is visible. Splaying of the respective digits is noted, by the mass effect. Advanced aggressive osteolysis of the proximal phalanx of the 5th digit is seen.



PATIENT

There is multifocal ill-defined solid to palisading periosteal new bone formation along the osseous structures of the 4th & 5th digit as well as the right tarsal bones.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Soft tissue mass right hind paw, extending proximally in the subcutaneous tissue of the right crus
- Secondary polyostotic aggressive predominately osteoproliferative lesions along the osseous structures of the right hind paw & tarsal joint
- Lymphadenopathy right popliteal & medial iliac lymph node
- Structured nodular interstitial lung pattern

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Miniature Schnauzer

The CT study is consistent with history of local invasive growing melanoma along the right hind paw and crus with metastatic spread to the tributary lymph nodes and the lung. The chances of amputation of the right hind limb in combination with adjuvant chemotherapy might be discussed with oncologist.

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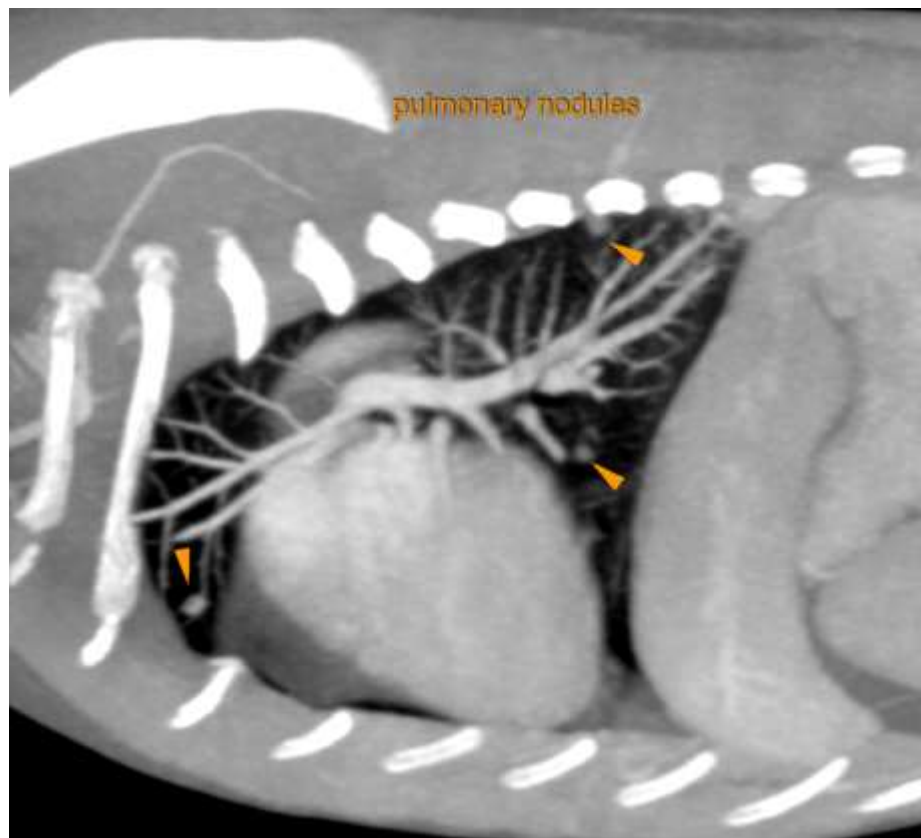
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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