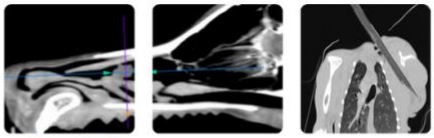

PATIENT

Jethro Lodge

SPECIES

Canine

BREED

GSD

SEX

Neutered Male

AGE

12

WEIGHT

37

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen VC

REFERRING VET

Dr. Eamon

INVOICE

35755

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: acute onset swelling left fore limb - suspect STSarc on ultrasound
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE CARPI, THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax, abdomen and carpal joints in a bone, lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Front Limbs

Along the caudal aspect of the left antebrachium, a uniform soft tissue attenuating and mild irregular contrast enhancing mass is seen, encompassing the flexor muscles from the caudal aspect. The margins of the mass to the underlying musculature are ill-defined. The mass is extending from the level of the olecranon distally up to the distal third of the antebrachium. The osseous structures of the left front limb reveal no abnormalities.

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.

A prominent thymic remnant is appreciated in the cranial mediastinum – presenting mild rounded margins and a uniform attenuation and contrast enhancement pattern.

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

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 with randomly distributed interspersed punctuate mineralization.

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 liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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In the cranial aspect of the body of the spleen, a uniform soft tissue attenuating and post contrast hyperattenuating roundish mass is seen, protruding beyond the splenic surface, measuring 4.2 cm in diameter.

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

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

Multifocal along the lumbar spine, spondylosis formation is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

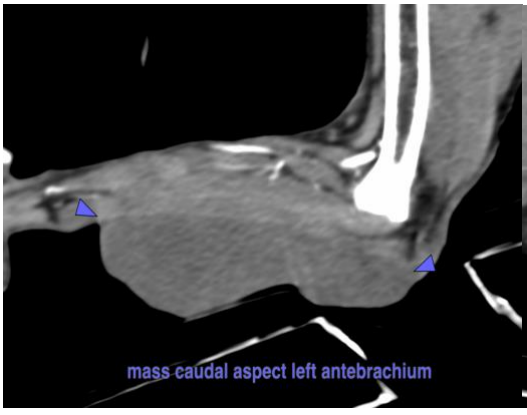
- Soft tissue mass caudal aspect left antebrachium with likely local invasive growth, no signs of osseous involvement
- Prominent thymic remnant with rounded margins
- Splenic soft tissue mass
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of soft tissue sarcoma at the caudal aspect of the left antebrachium. Complete surgical resection of the mass is likely nor feasible or associated with a high risk of local reoccurrence.

The prominent thymic remnant is increasing the odds for neoplastic transformation and may present a second entity – such as thymoma, thymic sarcoma/carcinoma/round cell tumor. Ultrasound guided FNA sampling can be tried for specification.

The splenic soft tissue mass can present benign nodular hyperplasia or neoplastic transformation (e.g. metastasis, sarcoma, round cell tumor) – ultrasound guided FNA sampling can be performed as advanced diagnostic tool.



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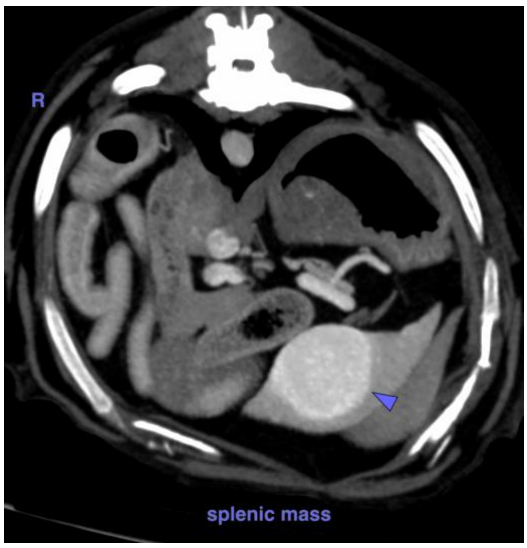

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com