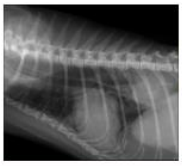
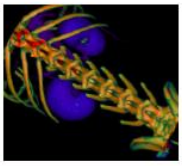
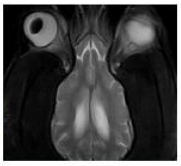

PATIENT

Penny Bhawanie

SPECIES

Canine

BREED

Wheaten Terrier

SEX

Spayed Female

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

51239

DATE

3-29-22

PRESENTING CLINICAL SIGNS

Firm mass Left lateral thorax/abdomen. Hx of lameness Left front limb.

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

In the left axillary region – suspect originating from the left axillary lymph node – a well-defined irregular shaped, moderate contrast enhancing mass is visible, measuring 4.5 x 4.7 x 5.0 cm in size.

Centered on the distal segment of the 9th rib, an expansile, spindle shaped, soft tissue mass with amorphous mineralization is visible 9.3 x 5.4 x 5.6 cm in size. Advanced osteolysis of the affected distal segment of the 9th left rib is seen.

The left sternal lymph node and a cranial mediastinal lymph node are prominent and rounded with a homogeneous contrast enhancement pattern; the short-to-long-axis ratio is increased, >0.5.

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

Multiple well-defined soft tissue attenuating nodules, measuring up to 9.8 mm in size.

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.

The caudal pole of the left kidney presents a concave depression of the surface.

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

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

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.

Both coxofemoral joints present moderate osteophyte new bone formation.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic mass 9th left rib with expansile soft tissue component
- Lymphadenopathy left axillary lymph node, left sternal lymph node and cranial mediastinal lymph node
- Structured nodular interstitial lung pattern
- Chronic renal infarction left kidney
- Degenerative osteoarthrosis coxofemoral joints bilaterally

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with disseminated neoplastic disease – possibly with primary mass originating from the left 9th rib. Potentials include chondrosarcoma, osteosarcoma, round cell tumor, fibrosarcoma, other. The left axillary mass is considered as the source for the left front limb lameness, possibly due to mechanical interaction with the nerves of the left brachial plexus. FNA sampling of the costal and axillary mass can be used as advanced diagnostic tests. Treatment options are limited to palliative management and potential protocols can be discussed with oncologist.

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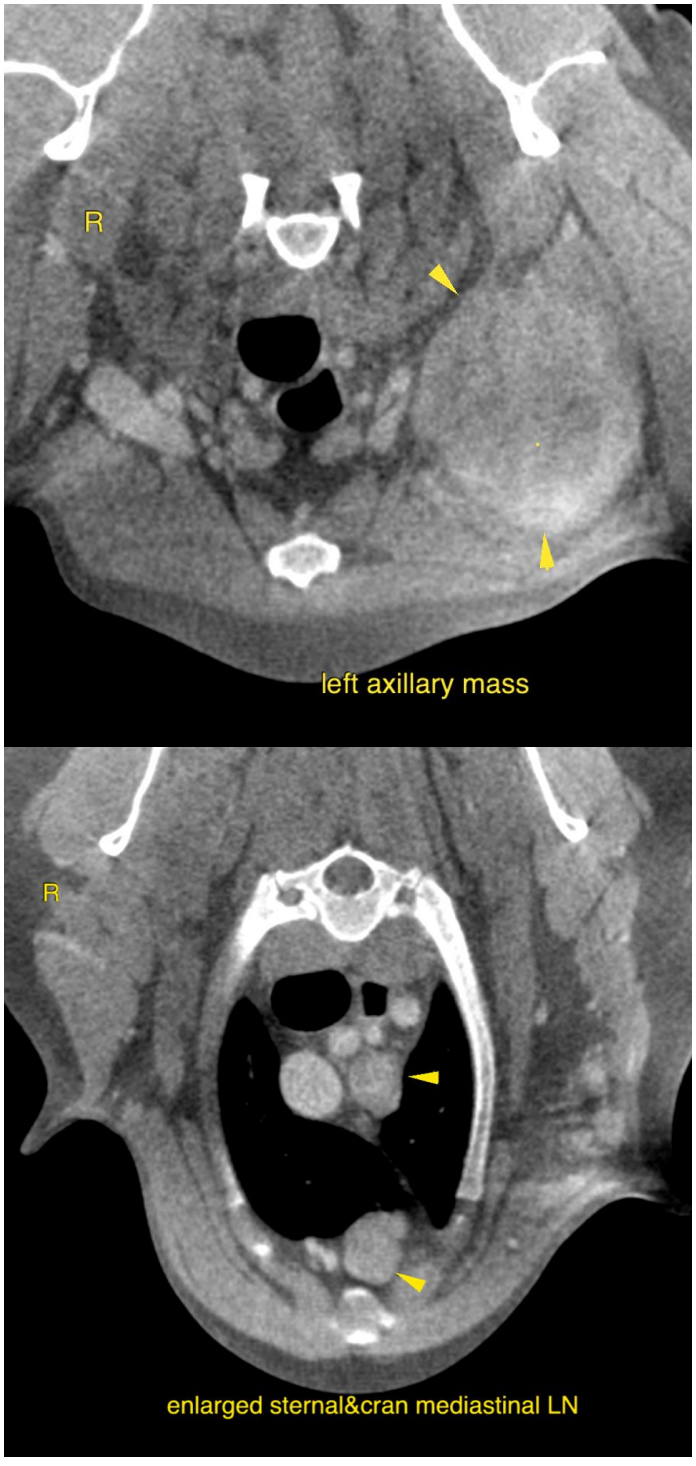

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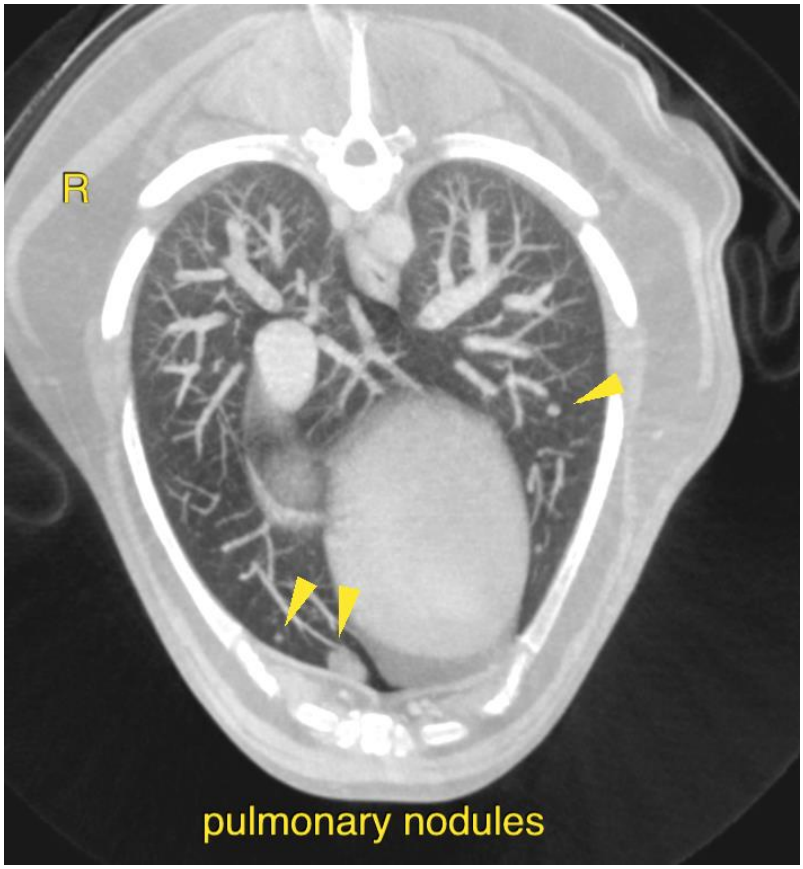

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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