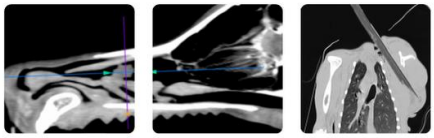

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Charlie Robertson

SPECIES

Canine

BREED

Australian Shepherd

SEX

MN

AGE

10Y, 2M

WEIGHT

12.4kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

Dr. Nav Dhaliwal

INVOICE

74659

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Has a history of cardiomegaly and CHF
Presented Mar 3 for hematoma on neck. Drained, started on prednisone with no improvement.
Concern for underlying tumor in hematoma.
Thorax for mets check.
Abnormal PE/Chem/CBC/UA Results: Anemic . Decreased PLT 31 K/uL, ALKP 19 U/L. Increased AMYL 2166 U/L

COMPUTED TOMOGRAPHY OF THE NECK AND THORAX

A high resolution pre- and post-contrast CT study of the neck and thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

In the subcutaneous tissue along the caudolateral aspect of the neck an irregular roundish, uniform soft tissue attenuating and heterogenous contrast enhancing mass is seen; measuring 9.4 x 8.5 x 9.1 cm. The soft tissue mass at the left aspect of the neck is merging with the left omotransversarius muscle. Caudally the soft tissue mass is extending up into the subscapular region and cranially the mass is extending up to the level of C1/C2. The trachea is deviated to the right and the left jugular vein ventra lly by the mass effect.

The thyroid glands present the expected size, shape and attenuation behavior.

The left medial retropharyngeal lymph node is prominent. The left superficial cervical lymph node cannot be delineated.

The osseous structures of the neck reveal no abnormalities.

Thorax

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

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.

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 left lung presents a generalized decreased volume and zones with dystelectasis of the lung parenchyma. 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.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass along the left aspect of the left aspect of the neck, centered on the left omotransversarius muscle
- Lymphadenopathy left medial retropharyngeal lymph node
- Pulmonary osteomas

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- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The large soft tissue mass centered on the left omotransversarius muscle is compatible with primary soft tissue neoplasia – sarcoma is most likely. Complete surgical resection of the mass may warrant amputation (including scapulectomy) of the left front limb as there are signs of invasive growth. In case of sarcoma, there is an inherent high risk for local reoccurrence.

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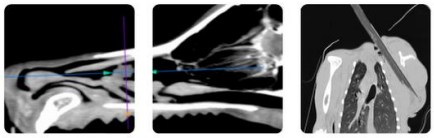

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Educational Teleconsultation Services™

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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
info@sonopath.com