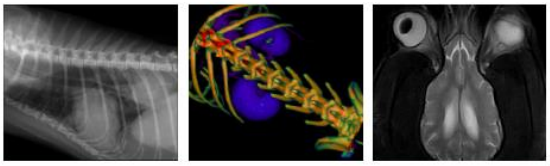
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jessie Boccio

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

VCA Hauppauge Animal Hospital

INVOICE

57688

DATE

4-6-23

PRESENTING CLINICAL SIGNS

tumor on left front above elbow for 9 months. enlarged left axillary lymph node

COMPUTED TOMOGRAPHY OF THE THORAX AND FRONT LIMBS

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

The vertebral endplates T5/T6 present mild spondylosis formation.

The first right rib has a slender conformation.

In the subcutaneous tissue level with the 3rd left rib, a well-defined, uniform fat attenuating mass is seen, measuring 3.3 x 1.4 x 3.6 cm in size.

The left axillary lymph node is prominent.

In the subcutaneous tissue at the caudodistal aspect of the left antebrachium, a well-defined, uniform soft tissue attenuating and heterogeneous strong contrast enhancing mass is seen, measuring 10.0 x 4.2 x 5.2 cm in size. The subcutaneous mass is in broad contact with the triceps muscle at the same level.

Both elbow joints have smooth osseous margins, unremarkable.

The osseous and soft tissue structures of the antebrachium, carpal joints and front limbs present no abnormalities.

The periarticular bones of the left shoulder joint present mild osteophyte new bone formation.

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 lung parenchyma presents the expected architecture and attenuation behavior but zones of dystelectasis of the right lung lobes.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue mass caudoproximal aspect left elbow joint
- Lymphadenopathy left axillary lymph node
- Subcutaneous lipoma left thoracic wall
- Mild degenerative osteoarthrosis left shoulder joint
- Zones with dystelectasis of the lung, R>L
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jessie Boccio

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

VCA Hauppauge Animal Hospital

INVOICE

57688

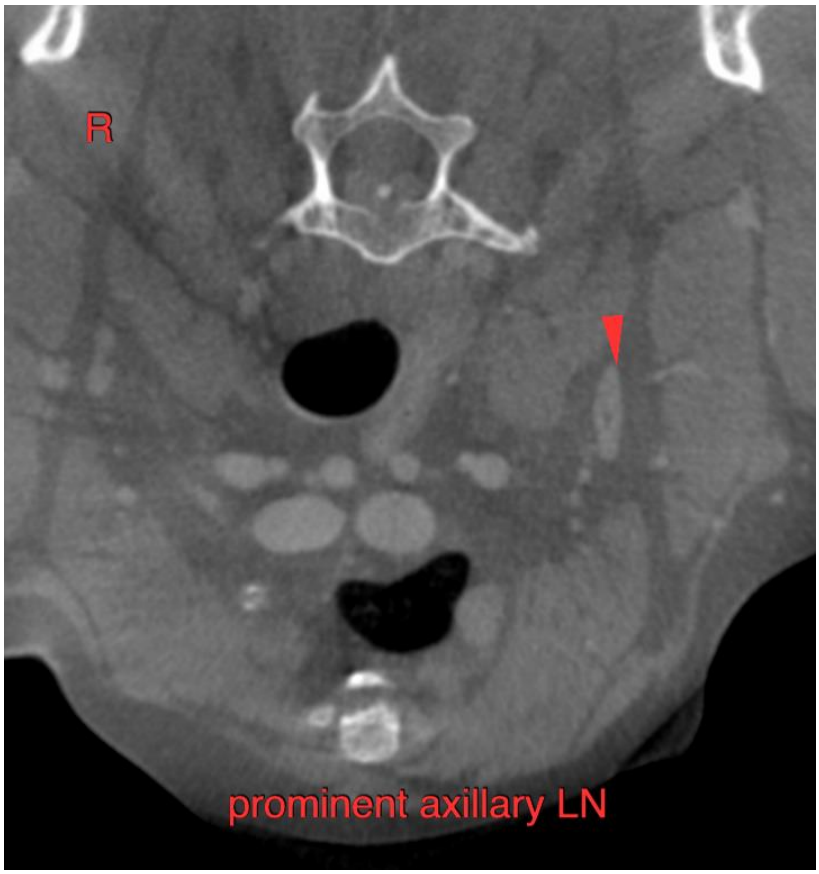
DATE

4-6-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

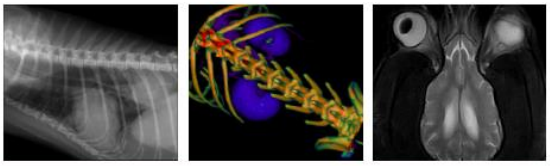
The findings are fitting the history of subcutaneous soft tissue neoplasm, at the caudoproximal aspect of the left elbow joint – such as sarcoma or mast-cell tumor. The odds for reactive hyperplasia versus metastatic spread to the ipsilateral axillary lymph node are considered equal and further differentiation warrants FNA sampling.

Complete surgical excision of the subcutaneous mass appears feasible, but clean margins might not be achieved and due to the location there is a high risk for disturbed wound healing and reoccurrence.



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jessie Boccio

SPECIES

Canine

BREED

Husky Mix

SEX

FS

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

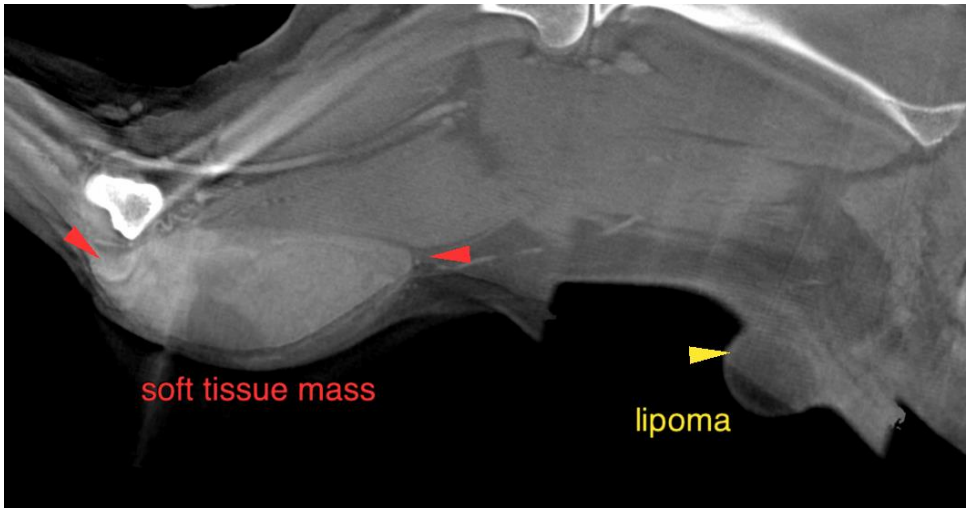
VCA Hauppauge Animal Hospital

INVOICE

57688

DATE

4-6-23



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