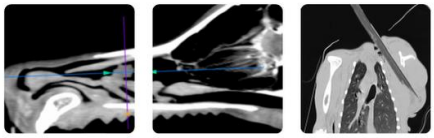

Teleradiology
Educational Teleconsultation Services™

PATIENT

Diana Nelson

SPECIES

Canine

BREED

Anatolian Shepherd

SEX

Spayed Female

AGE

8Y

WEIGHT

80lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

EHAH

HOSPITAL NAME

East Hill Animal Hospital

REFERRING VET

Dogwood Acres

INVOICE

75261

DATE

6-2-26

PRESENTING CLINICAL SIGNS

Acute onset limping front legs. No improvement with NSAID. Radiographs show osteoarthritis. No fracture.
Abnormal PE/Chem/CBC/UA Results: non weight bearing lame left rear. had to be carried in

COMPUTED TOMOGRAPHY OF THE THORAX AND SHOULDER JOINTS

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

COMPUTED TOMOGRAPHIC FINDINGS

At the left ventral aspect of T1 to T6, a uniform soft tissue attenuating and heterogeneous mild contrast enhancing mass is seen; measuring approximately 8.7 x 13.7 x 16.9 cm. The mass is protruding ventrally into the cranial aspect of the left pleural cavity. The associated 1st left rib and vertebral body present ill-defined zones with osteolysis. The 2nd left rib presents immature periosteal new bone formation. The left cranial lung lobe is compressed by the extrapleural mass effect, and the cranial mediastinal structures are deviated to the right.

In the pleural cavity bilaterally, a moderate amount of gravity dependent, fluid attenuating material is appreciated. The lung lobes are retracted from the thoracic wall by the fluid attenuating material.

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.

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

Both shoulder joints present smooth margins of the periarticular bones. The volume of the musculature of the left front limb is significantly decreased.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Craniodorsal mediastinal soft tissue mass along with polyostotic aggressive osteolytic lesions
- Neurogenic muscle atrophy left front limb
- Pleural effusion
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT reveals a craniodorsal mediastinal soft tissue mass – consistent with primary soft tissue neoplasia, such as sarcoma or neuroendocrine tumor. The involvement of the nerve roots of brachial plexus does explain the left front limb lameness. FNA sampling/biopsy of the mass can be used for specification. The prognosis is infaust.

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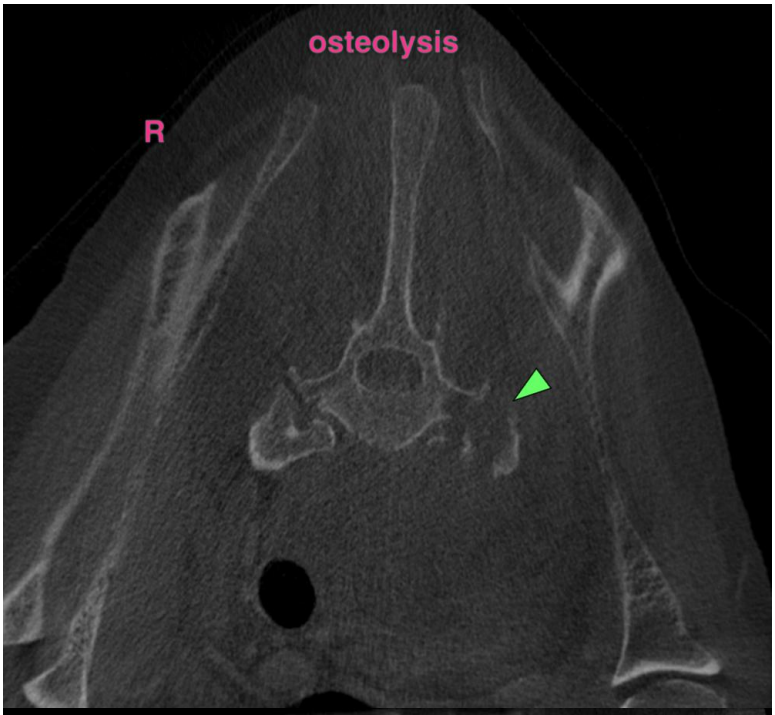

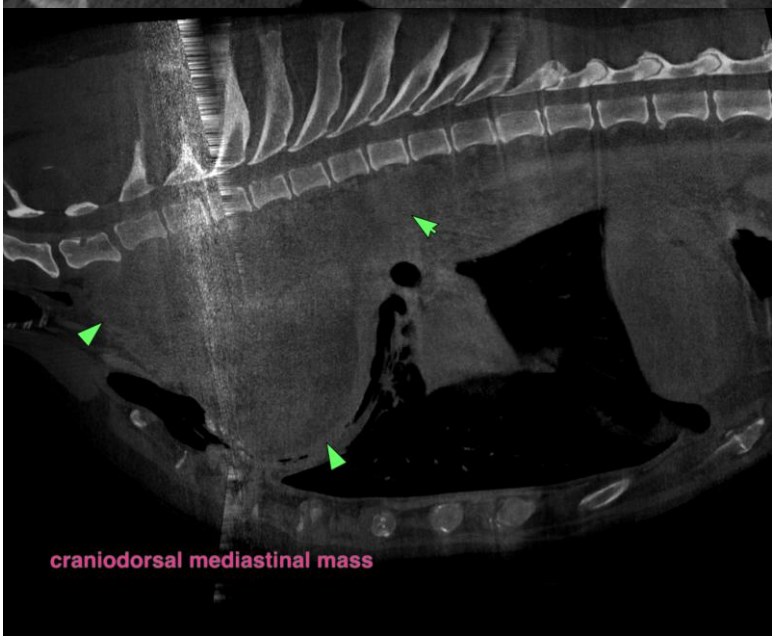

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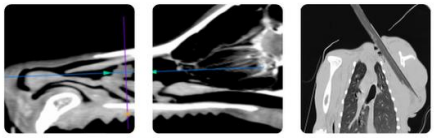

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SonoPath.com info@sonopath.com 1.800.838.4268

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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