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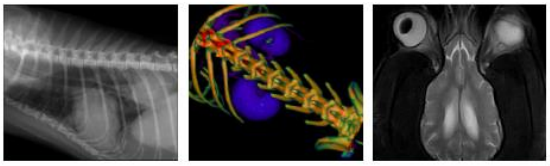


PATIENT

Lucy Magee

SPECIES

Canine

BREED

Lab

SEX

FS

AGE

12

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

52567

DATE

6-22-22

PRESENTING CLINICAL SIGNS

large 11x11 cm SQ mass left anterior thoracic inlet area initially noticed Nov 2021. RDVM performed FNA but reported low cellularity Ct performed of neck, thorax and abdomen with no contrast - has kidney issues Incisional biopsy performed June 22/22- pending results

COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND ABDOMEN

A plain CT study of the neck, thorax and abdomen in a lung and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals present mild mineralization of the wall.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

In the subcutaneous tissue at the left lateroventral aspect of the neck, a well-defined, spherical, heterogeneous fat and soft tissue attenuating mass, measuring 7.8 cm in diameter is appreciated. The soft tissue mass is in contact with the cleidocephalicus and sternocephalicus muscle.

Thorax

In the axillary region bilaterally, variable sized lipomas are appreciated with the largest in the left axillary region measuring 8.1 x 5.3 x 11.9 cm.

The periarticular bones of the right shoulder joint present moderate osteophyte new bone formation.

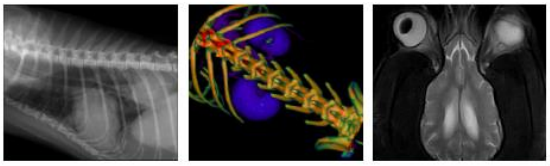
A prominent thymic remnant is appreciated in the cranial mediastinum.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

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.

Randomly distributed punctuate mineralization of the lung parenchyma is visible. In the caudolateral aspect of the right caudal lung lobe, a well-defined gas filled roundish lesion, demarcated by a thin soft tissue capsule is visible. In the cranial aspect of the right caudal lung lobe, two well-defined nodular lesions, measuring 3 mm in diameter is noted.



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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.

Nodular enlargement of the adrenal gland bilaterally is appreciated, presenting a heterogeneous attenuation pattern. The right adrenal gland is measuring 11 mm in diameter and the left adrenal gland is measuring up to 18 mm in diameter.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

The gastric lymph node is moderately enlarged and rounded.

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

Irregular enlargement of the right anal sac is appreciated, measuring 2.0 x 2.0 x 2.6 cm in size.

The sacral lymph nodes are significantly enlarged and rounded.

Multiple subcutaneous lipomas are seen along the abdominal wall.

Multifocal moderate spondylosis formation is seen along the lumbar spine.

The right coxofemoral joint presents moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect mass right anal sac
- Lymphadenopathy sacral lymph nodes and gastric lymph node
- Nodular enlargement adrenal glands bilaterally
- Subcutaneous mixed fat and soft tissue attenuating mass left lateroventral aspect of the neck
- Two small nodular lung lesions right caudal lung lobe
- Multiple subcutaneous and intermuscular lipomas along the trunk
- Degenerative osteoarthrosis right shoulder and right coxofemoral joint
- Bulla left caudal lung lobe
- Dystrophic mineralization external ear canals
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The subcutaneous mass at the left ventral aspect of the neck can present kind of angiolipoma, lipoma with necrosis or liposarcoma. Complete surgical excision of the mass is considered feasible.

The enlarged right anal sac in combination with the lymphadenopathy of the tributary lymph

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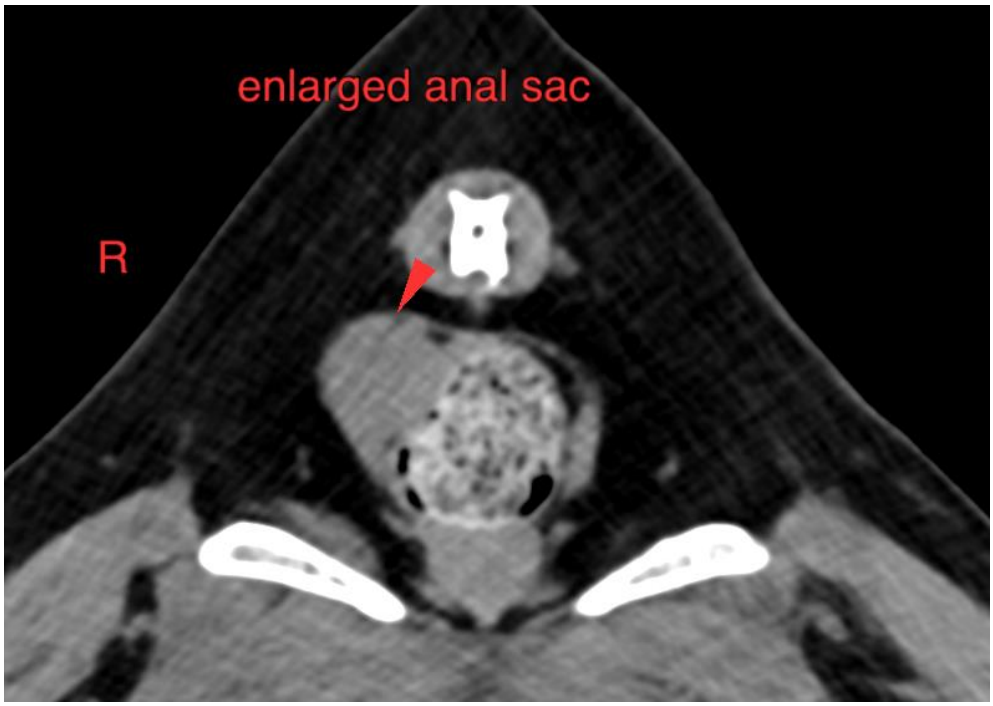
nodes is highly suggestive for metastasized anal sac adenocarcinoma. Consider rectal exam and FNA sampling to confirm the diagnosis.

The nodular enlargement of the adrenal glands bilaterally can be caused by (non)functional macronodular hyperplasia, primary neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma) or metastatic disease.

The odds for neoplastic infiltration of the right gastric lymph node are considered high.

The pulmonary nodules are not specific, and potentials include metastasis, granuloma fibrosis, mucus impaction or cystic lesions.



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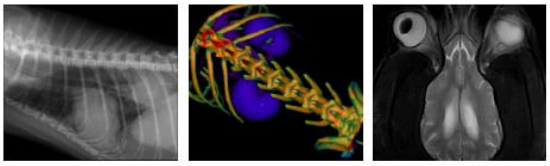

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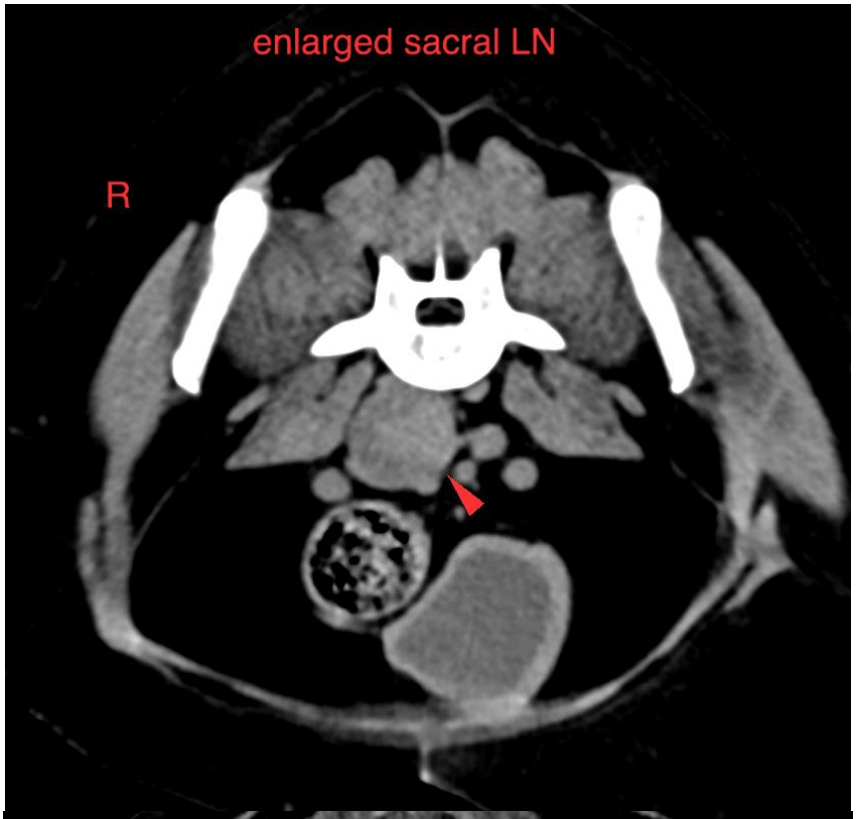

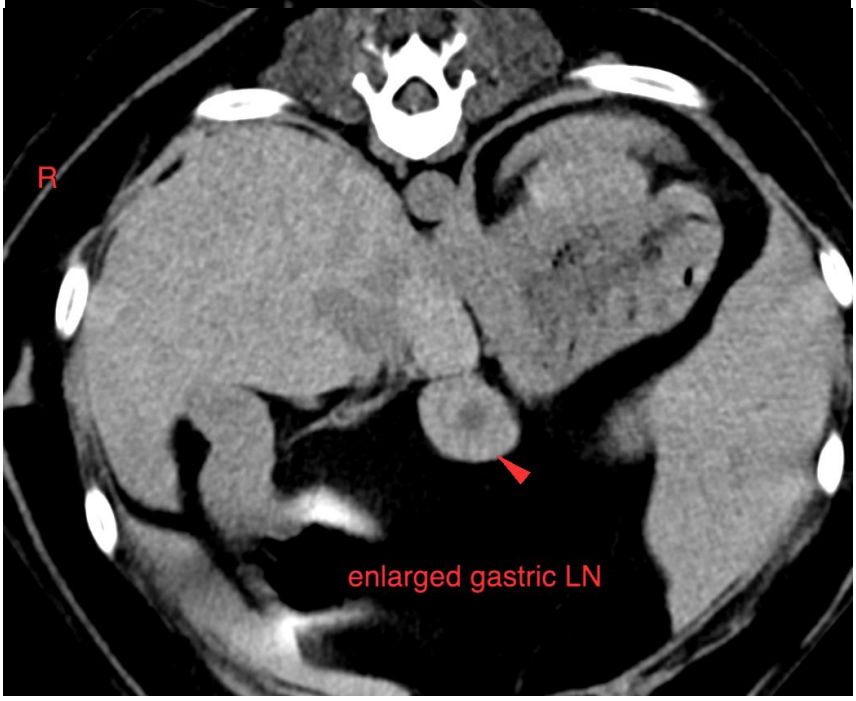

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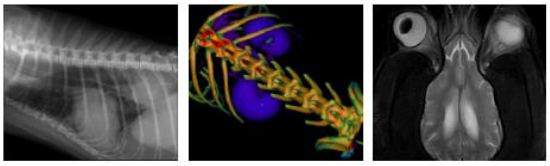

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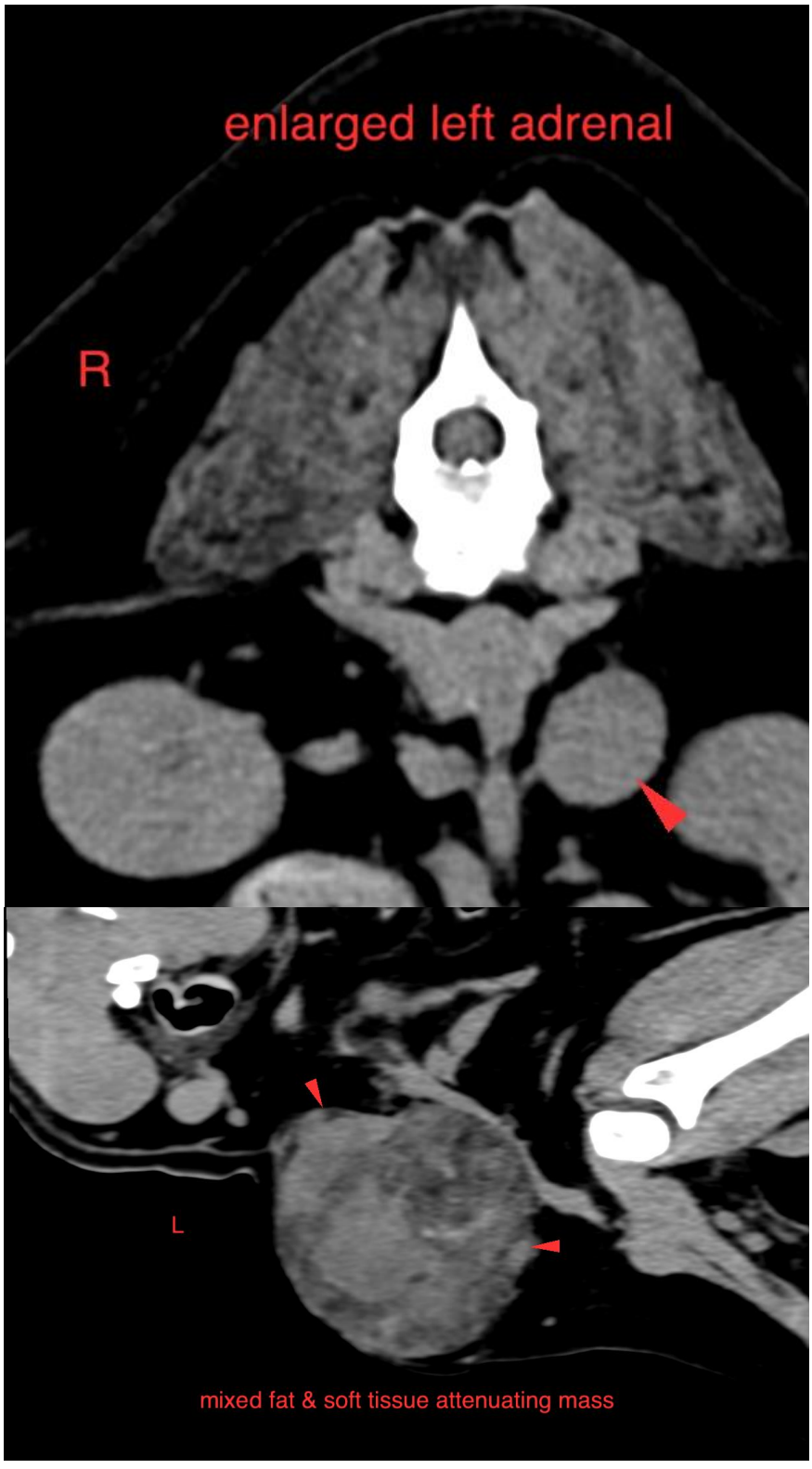

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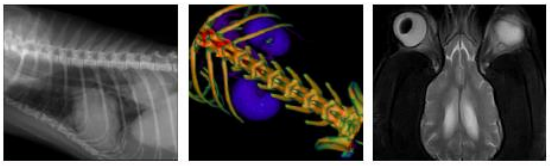

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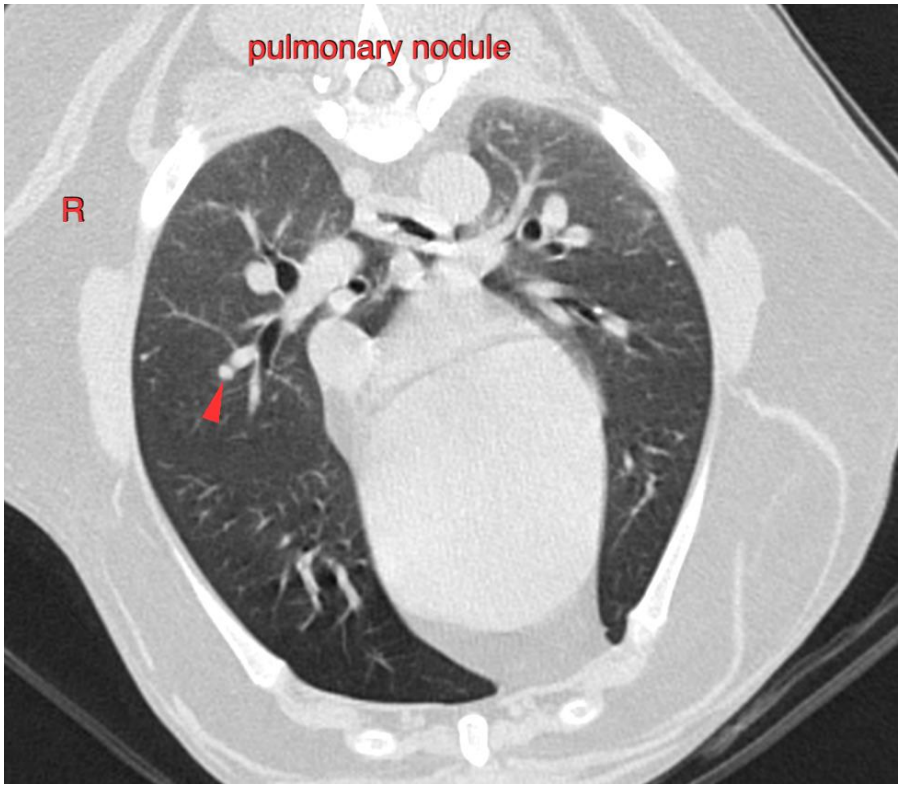

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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