



PATIENT

Ranger Raczynsky

PRESENTING CLINICAL SIGNS

Mass on right thorax that recently ruptured, concern for MCT so pre anesthetic screening

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED

Cane Corso

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The right pectoral muscle is moderately swollen, and the surrounding fat presents mild to moderate fat-stranding. Level with the 3rd to 5th right rib, in the caudal aspect of the right pectoral muscle, an elongated in cross-sectional semicircular body is seen, measuring 15 x 6 x 59 mm in size. The mild hyperattenuating body is surrounded by a hypoattenuating rim; post contrast administration, an ill-defined contrast enhancing zone is demarcating the hyperattenuating body.

SEX

Male Neutered

The right axillary lymph node is prominent.

AGE

8 Years, 7 Months

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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 with interspersed punctuate mineralization

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

Abdomen

REFERRING VET

Dr. Joseph
D'Abbraccio

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. The prostate is prominent and presents with a well-defined central fluid attenuating lesion in the left lobe. The prostate is measuring 3.5 x 2.8 x 2.5 cm in size.

INVOICE

52926

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.

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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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

The bony and surrounding soft tissue structures reveal no abnormalities.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Migrating foreign body right cranioventral abdominal wall – associated with right pectoral muscle – secondary surrounding myositis and septic steatitis
- Lymphadenopathy right axillary lymph node
- Prostatomegaly with intraparenchymal cavitory lesion
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The swelling of the right cranioventral thoracic wall is consistent with foreign body related granuloma formation – possible stick – and secondary reactive hyperplasia of the right axillary lymph node. Surgical drainage and removal of the foreign body is advised. Ultrasound might be used to localize the foreign material.

AGE

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The prostatomegaly with the intraparenchymal cavitory lesion in a neutered male dog is concerning for neoplastic transformation with carcinoma being the top differential. Recommend complementing workup by FNA sampling ± TruCut biopsy of the prostate.

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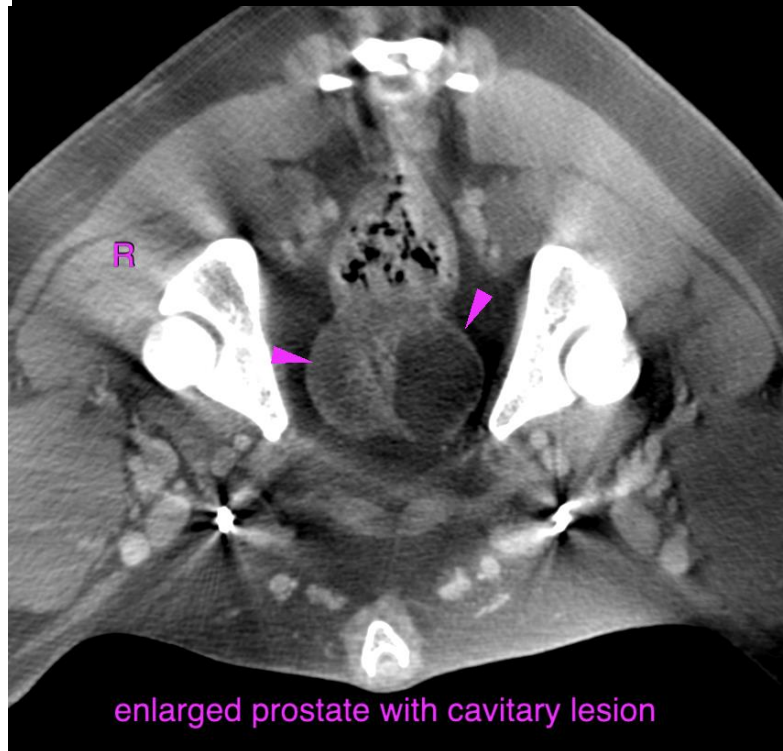
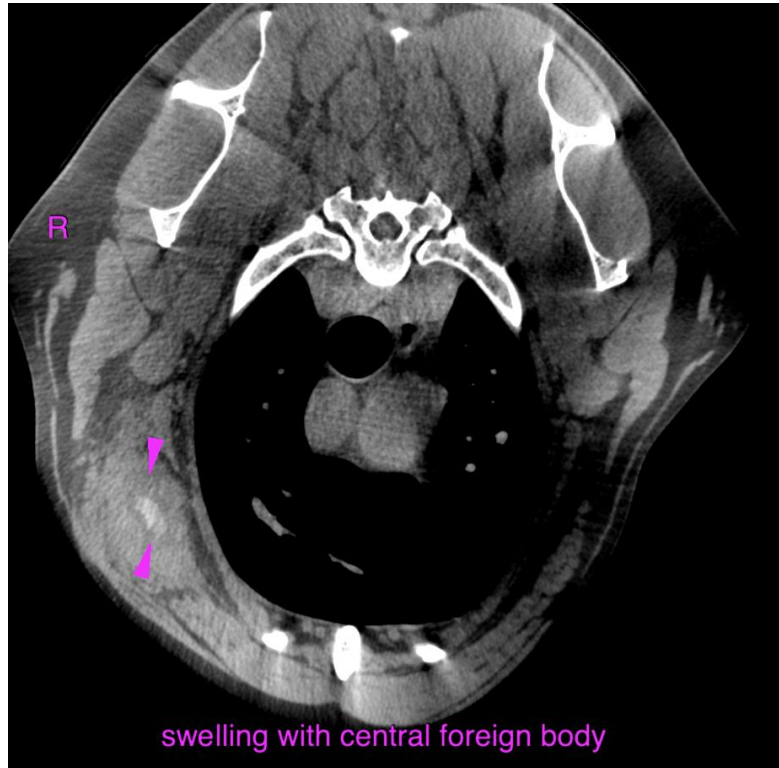
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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