



PATIENT PRESENTING CLINICAL SIGNS

Mojo Tejada Chest + abdomen CT: pre, post, and delayed contrast given (1ml/kg omnipaque). Presented to the Toronto Animal Health Partners Surgery Service for evaluation of a soft tissue sarcoma on his left thorax. The mass was initially noticed in March 2020 and Mojo underwent cytoreductive surgery at TVEH in May 2022. The mass was initially 1-2cm (in 2020) but grew rapidly to the point of ulceration requiring surgery (2022). The mass is now almost back to the same size it was prior to his initial surgery in 2022. Mojo is currently being seen by the Oncology service, who recommended a CT and surgical consult. At his most recent oncology appointment the mass was described as an 11.8 x 15.2 cm multilobulated ventral chest mass Mojo does not seem bothered by the mass, he is still eating, drinking, and playing, however he does have to move around the mass. Histopathology from the initial mass excision revealed grade 1 soft tissue sarcoma extending to the margins. Mojo has had a previous history of bilateral nuclear sclerosis, an inguinal mass (mild progression - think had a needle aspirate), a mass on his right stifle (no progression), and a liver mass with nodules and regional lymphadenopathy.

SPECIES

Canine

BREED

Schnauzer

SEX

MN

COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE

Thorax

11 Years

Level with the 2nd left rib, a large, ill-defined, multinodular, subcutaneous soft tissue mass is extending caudally along the left lateroventral thoracic wall and abdominal wall up to the level of L5/L6. The subcutaneous mass is in broad contact with the underlying musculature of the thoracic and abdominal wall. The surrounding subcutaneous fat presents mild fat-stranding. The subcutaneous mass is measuring approximately 20.2 x 4.5 x 29.4 cm.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

Dr. Debbie Reynolds

In the caudodorsal aspect of the right & left caudal lung lobe and the ventral tip of the right middle lung lobe, well-defined, soft tissue nodules, measuring up to 15 mm are appreciated.

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

INVOICE

Abdomen

59436

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

DATE

7-18-23

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 adrenal glands are within normal limits for size, shape and organ architecture.

The spleen presents with normal shape, even surface, uniformly attenuating parenchyma and



PATIENT homogeneous contrast enhancement, unremarkable.

Mojo Tejada The hepatic parenchyma is uniform soft tissue attenuating and has a heterogeneous contrast enhancement pattern – most accentuated in the early post contrast phase, presenting multiple ill-defined mild irregular contrast enhancing parenchymal zones; the largest is located in the right lateral liver lobe.

SPECIES

Canine The hepatic lymph nodes are prominent.

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

BREED

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

The vertebral endplates of the lumbosacral junction present mild spondylosis formation.

SEX **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- MN
- History of reoccurrence of subcutaneous soft tissue sarcoma, extending along the left thoracic and abdominal wall
 - Structured nodular interstitial lung pattern
 - Heterogeneous contrast enhancement pattern of the liver
 - Lymphadenopathy hepatic lymph nodes

AGE

11 Years

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The nodular lung pattern is compatible with pulmonary metastatic disease.

The hepatic parenchymal changes, accentuated in the early post contrast phase, are most suggestive for regeneration nodules. However, hepatic neoplastic infiltration (metastasis versus primary hepatic neoplasm) is a differential. Ultrasound guided FNA sampling can be used as advanced minimally invasive diagnostic tool.

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The odds for reactive hyperplasia of the hepatic lymph nodes are high, however FNA sampling is warranted to rule out neoplastic infiltration.

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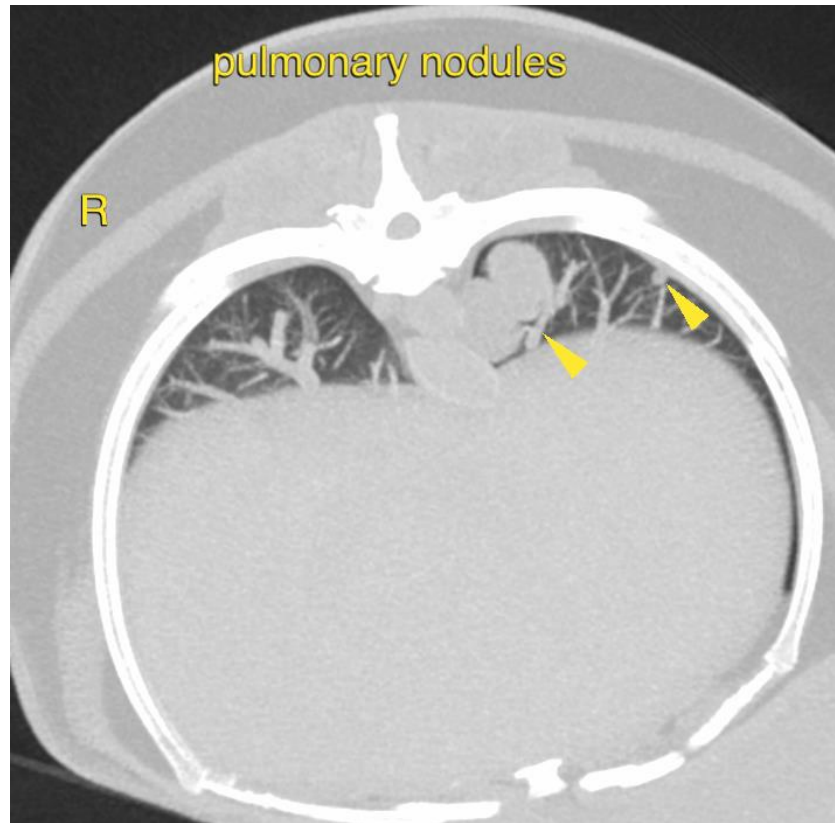
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PATIENT The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Mojo Tejada

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.

SPECIES

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