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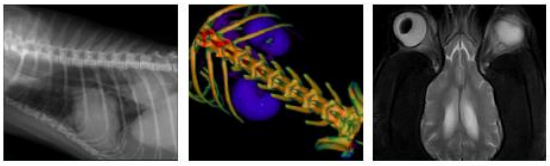


PATIENT

Seaton LaRose

SPECIES

Canine

BREED

Chow X

SEX

MN

AGE

6 Years, 8 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Lea Mehrkens

INVOICE

53527

DATE

8-17-22

PRESENTING CLINICAL SIGNS

mass on left pelvic limb. The mass was initially noticed 2 years ago, has been gradually growing. - previously diagnosed soft tissue sarcoma grade I via biopsies spring 2021 Was rescued from Texas 1.5 years ago- heartworm positive at time. O reports received 3 injection protocol at rdvm and tested negative in Spring 2021. No repeat heartworm testing since then. changes on chest x-rays - suspected scarring from previous hwm infection

COMPUTED TOMOGRAPHY OF THE THORAX AND LEFT HIND LIMB

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

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

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 main pulmonary artery and its left & right branch are significantly dilated. The pulmonary arteries are generalized markedly dilated and present a tortuous course. Post contrast administration in the right pulmonary artery, extending into the pulmonary artery of the right caudal lung lobe, an ovoid shaped filling defect with small mineralization is seen, occupying approximately up to 80% of the lumen of the dilated artery. The lung parenchyma presents a generalized coarse unstructured interstitial pattern, and multifocal interspersed miliary soft tissue nodules are seen throughout the lung parenchyma, measuring up to 3.6 mm in diameter.

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

Hind limbs

At the laterodorsal aspect of the left metatarsal region, an ill-defined, mild heterogeneous soft tissue attenuating and heterogeneous contrast enhancing mass is seen, measuring approximately 4.5 x 3.6 x 5.7 cm in size. The fourth and fifth left metatarsal bone level with the mass present solid mild ill-defined periosteal new bone formation at the dorsal and abaxial aspect.

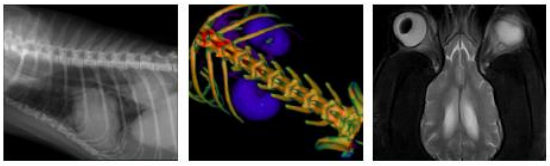
The periarticular bones of the left tarsal joint present mild to moderate osteophyte new bone formation.

The left popliteal lymph node is mildly prominent.

The osseous and soft tissue structures of the left stifle joint present without abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of soft tissue mass dorsolateral aspect left metatarsal region with secondary mild periosteal reaction of the associated bones
- Lymphadenopathy left popliteal lymph node
- Miliary lung pattern
- Vascular lung pattern with significant dilation of the pulmonary arteries



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- Large thrombus with dystrophic mineralization right main pulmonary artery
- Degenerative osteoarthrosis left tarsal joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass in the left metatarsal region is fitting the history of soft tissue mass and sarcoma or mast-cell tumor are considered likely. There is no evidence of osteolysis but mild periosteal reaction of the associated metatarsal bones, likely secondary to inflammatory stimulus. The margins of the mass are ill-defined and depending on biopsy/cytology results of the mass, there is an increased risk for reoccurrence.

Recommend FNA sampling of the left popliteal lymph node to rule out metastatic spread.

The miliary pattern in combination with the signs of (preceding) heartworm infection can present small worm nodules/granulomas and appears most likely here, however pulmonary metastasis would be a potential. Testing for potential infection following the guidelines of the "American Heartworm Society" https://www.heartwormsociety.org is recommended. A cardiac echo would be beneficial as well.

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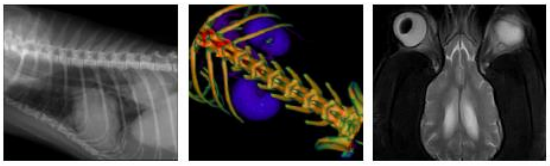

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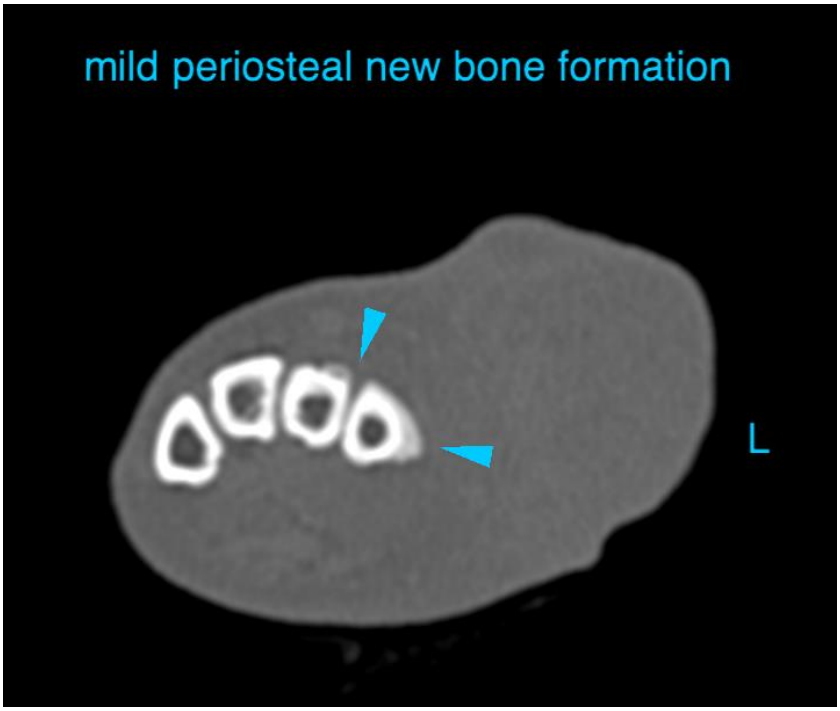

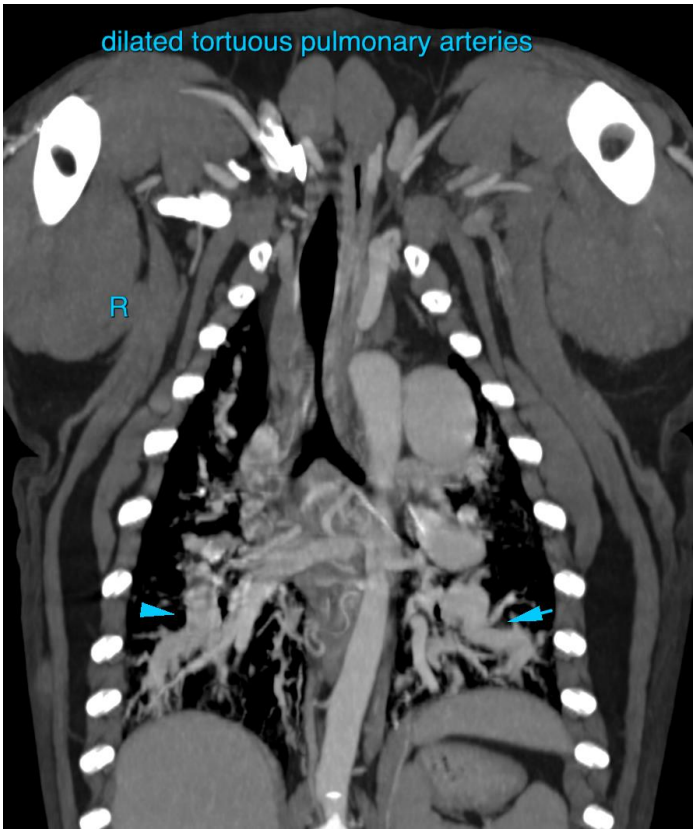

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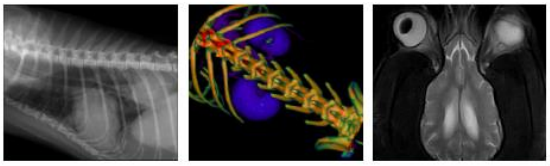

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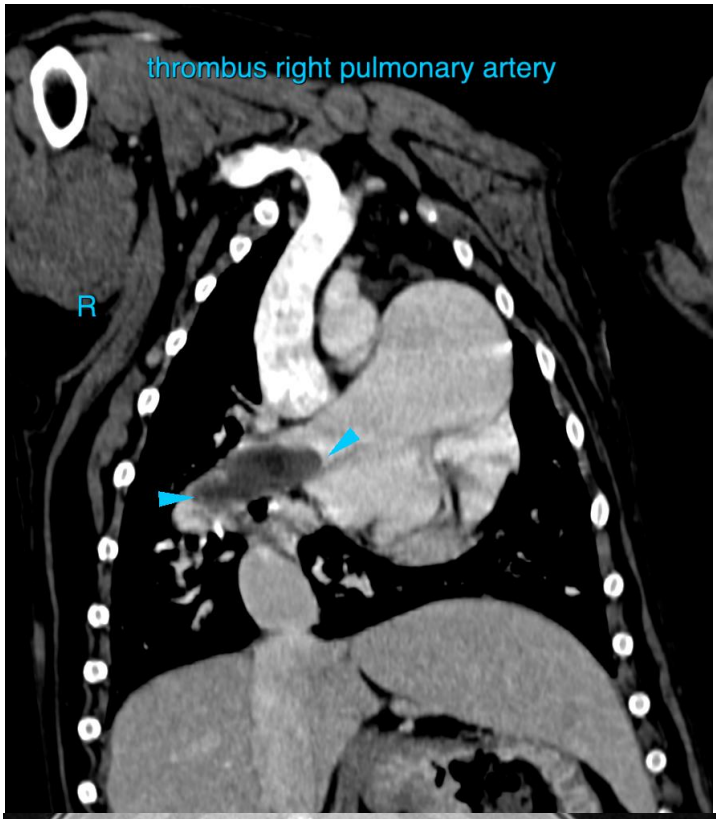

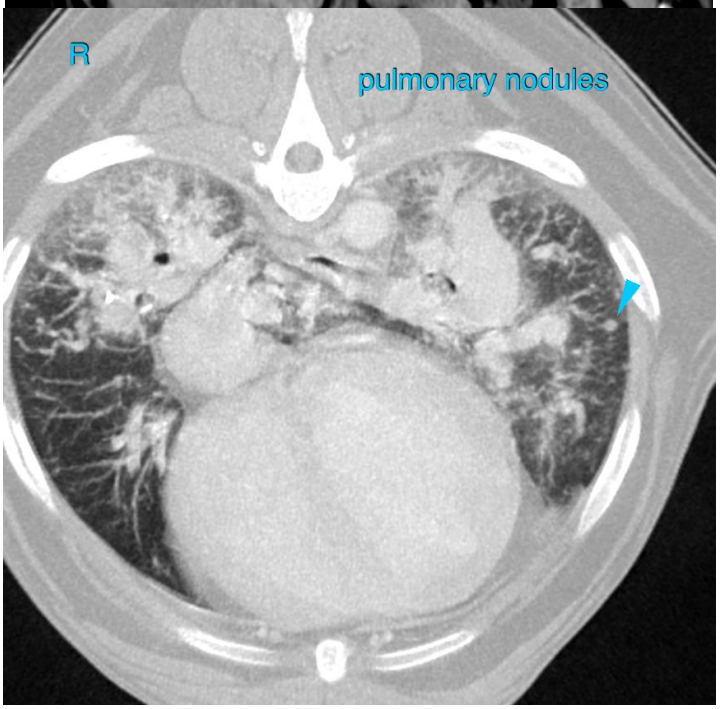

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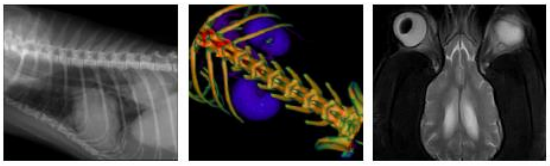

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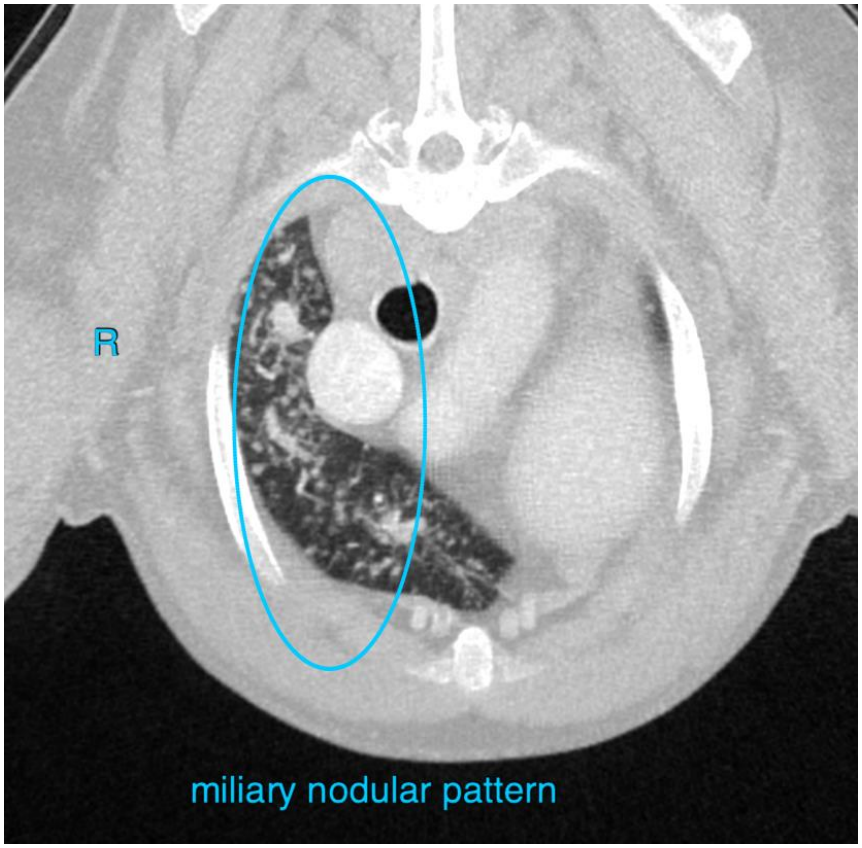

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com