



**PATIENT PRESENTING CLINICAL SIGNS**

Faith Bertone History: CT prior to invasive mass removal, deeply attached ventral chest wall  
Abnormal PE/Chem/CBC/UA Results:

**SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED**

Pitbull The intervertebral disc space C6/C7 is moderately narrowed, and the respective vertebral endplates present moderate spondylosis formation.

**SEX**

Spayed Female

At the left ventral thoracic wall, level with the 4<sup>th</sup> to 7<sup>th</sup> sternebra, a uniform soft tissue attenuating and in the cranial aspect moderate heterogeneous contrast enhancing mass is appreciated, measuring 12.4 x 6.3 x 6.6 cm in size. The mass is encompassing the costal cartilage of the 5<sup>th</sup> to 7<sup>th</sup> rib. The associated sternebra present evidence of moth-eaten osteolytic lesions. The mass is protruding into the ventral aspect of the pleural cavity, depression the ventral margins of the lung at the same level – ‘extrapleural sign’.

**AGE**

11 Years 5 Months

In the subcutaneous tissue dorsal to the spinous process of T12, a well-defined, ovoid shaped nodule is visible.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The left sternal lymph node is prominent.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

**HOSPITAL NAME**

Pocono Peak VC

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.

Multifocal throughout the lung parenchyma, multiple roundish ground glass attenuating, irregular roundish lesions with feathered margins are present, measuring up to 8 mm in diameter. In the left caudal lung lobe and the right cranial lung lobe a well-defined irregular ovoidal shaped nodule is seen respectively, measuring up to 7 mm in size.

**REFERRING VET**

Dr. Samantha  
Thompson

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

16940

- History of soft tissue mass ventral thoracic wall
- Structured nodular interstitial lung pattern
- Lymphadenopathy left sternal lymph node
- Non-specific subcutaneous nodule dorsal to caudal thoracic spine

**DATE**

8/19/22



**PATIENT** • Chronic discopathy C6/C7

Faith Bertone

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The CT study is fitting the history of soft tissue neoplasia originating from the left ventral thoracic wall/centered on the left aspect of the sternum and bulging mildly into the thoracic cavity and presenting evidence of osteolytic lesions of the associated sternebra. Complete surgical resection will warrant partial sternectomy of the caudal two thirds of the sternum and resection of the associated left ventral thoracic wall including at least the 4<sup>th</sup> to 8<sup>th</sup> left rib.

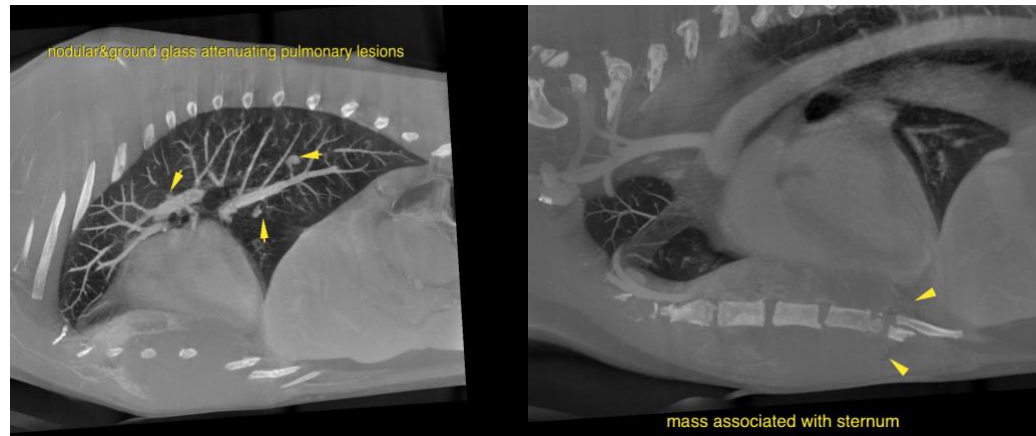
**BREED**

Pitbull

The pulmonary changes and the enlarged sternal lymph node are consistent with metastatic disease.

**SEX**

Spayed Female



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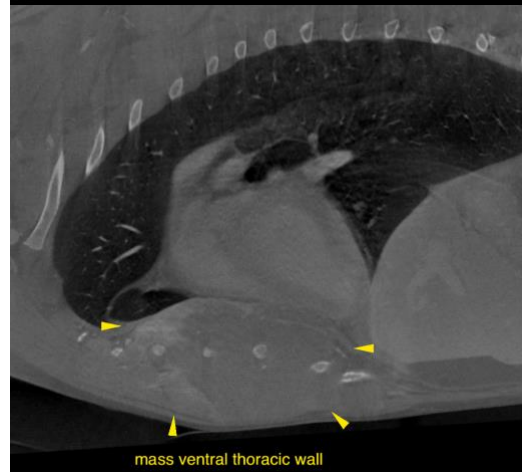
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if



**PATIENT** I can be of any further assistance please contact me.

Faith Bertone **Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Spayed Female

**AGE**

11 Years 5 Months

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