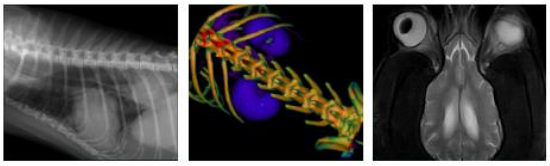

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Max Beckwith

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jennifer Wan

INVOICE

53355

DATE

8-9-22

PRESENTING CLINICAL SIGNS

approximately 2-3cm diameter firm, well-demarcated, minimally mobile mass over the right lateral thorax, non-painful on palpation - suspected to be a sarcoma

COMPUTED TOMOGRAPHY OF THE THORAX

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

COMPUTED TOMOGRAPHIC FINDINGS

In the subcutaneous tissue of the right thoracic wall, level with the 6th to 9th rib, a multilobulated, uniform soft tissue attenuating and heterogeneous contrast enhancing mass with central mild mineralization and fluid attenuating areas is seen, measuring 3.3 x 2.6 x 3.1 cm in size. The surrounding fat presents a moderate soft tissue striation. In the medial aspect the subcutaneous mass is extending up to the musculature of the 7th and 8th intercostal space, mildly deviating the intercostal musculature at the same level medially.

The vertebral endplates of along the thoracolumbar junction present moderate spondylosis formation.

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.

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 left caudal lung lobe presents with subpleural, roundish ground glass attenuating nodular lesions. The remainder of the lung parenchyma present the expected architecture and attenuation behavior.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Subcutaneous soft tissue mass right thoracic wall with dystrophic mineralization and potential zones of cavitation
- Small subpleural nodular zones of unstructured interstitial pattern
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass at the right thoracic wall is consistent with soft tissue neoplasia and fibrosarcoma is considered most likely here. The mass is in contact with the intercostal musculature of the 7th and 8th right intercostal space – complete surgical resection may warrant partial resection of the affected segment of the thoracic wall.

The pulmonary changes of the left caudal lung lobe are considered as a sequela to mild

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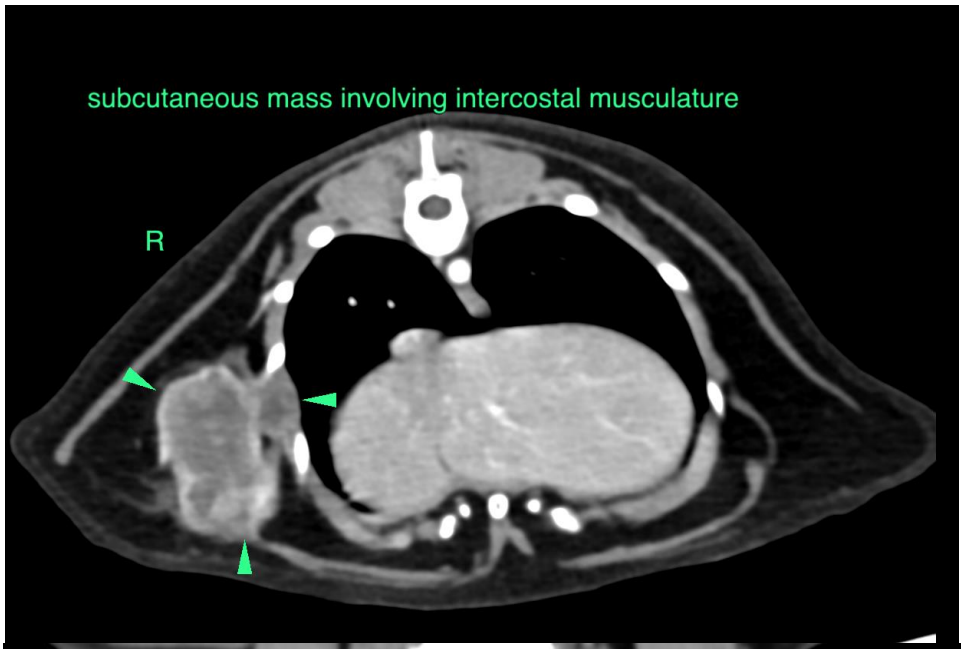
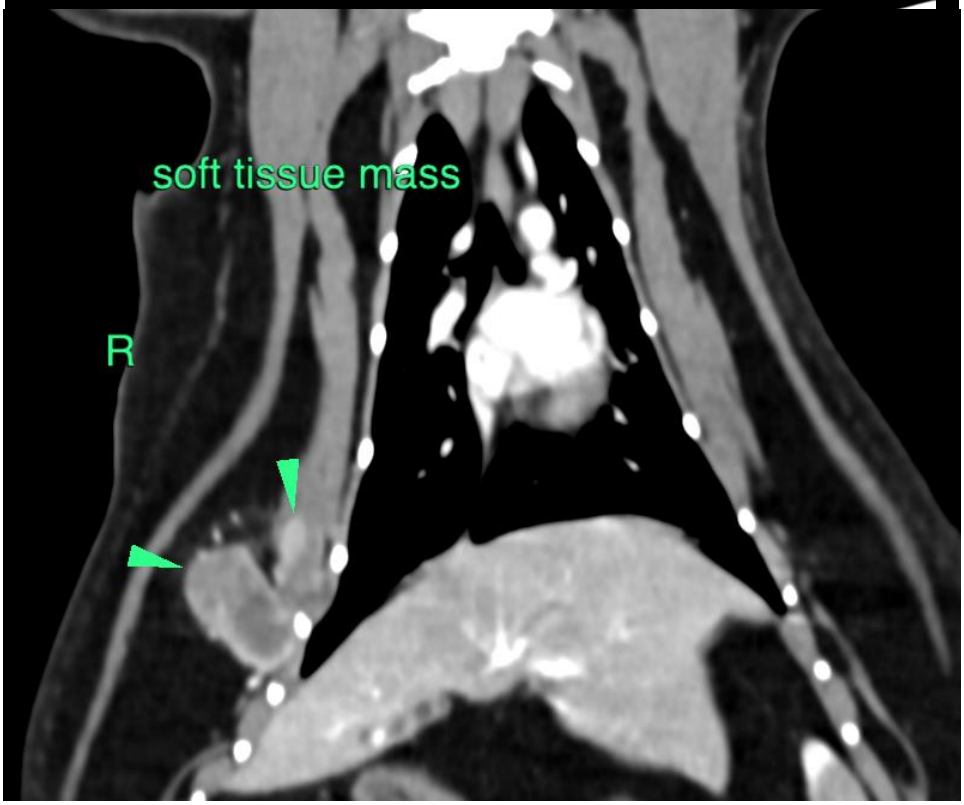
pneumonitis, interstitial pulmonary scarring or small granulomas rather than metastatic disease.





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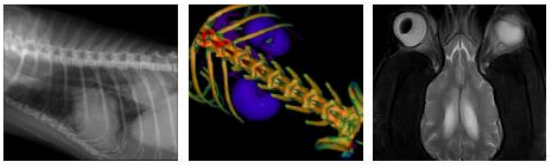

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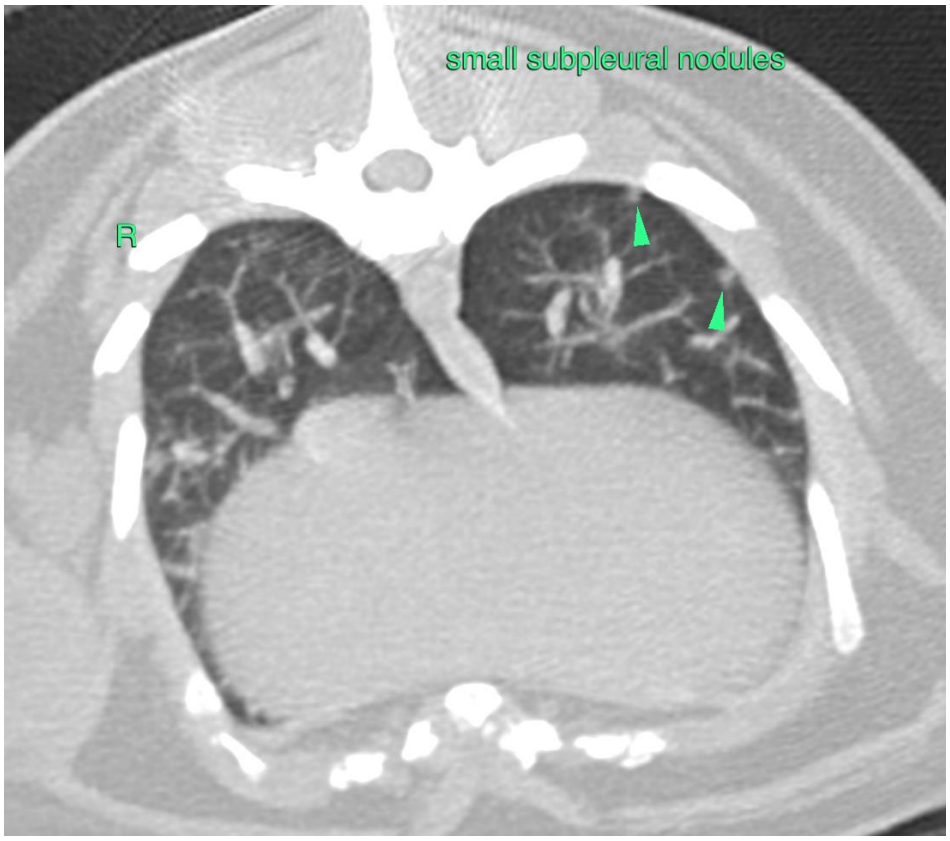

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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