



**PATIENT**

Miley Yerganian

**PRESENTING CLINICAL SIGNS**

growth on right shoulder

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE CERVICAL SPINE, FRONT LIMBS & THORAX**

A high resolution post-contrast CT study of the thorax including the cervical spine and front limbs is provided for review.

**BREED**

Goldendoodle

**COMPUTED TOMOGRAPHIC FINDINGS**

The osseous and surrounding soft tissue structures of the cervical spine present without abnormalities.

**SEX**

FS

The periarticular bones of the shoulder joints bilaterally present moderate osteophyte new bone formation. Moderate exostosis formation within the bicipital groove bilaterally is seen. Level with the insertion of the deep pectoral muscle at the medial surface of the proximal humerus bilaterally, irregular mild new bone formation is seen. The volume of the musculature of the right front limb is significantly decreased and the humerus presents evidence of advanced osteopenia.

**AGE**

12 Years

At the caudal aspect of the right scapula, a mild heterogeneous contrast enhancing mass is seen, extending caudally along the right thoracic wall, up to the level of the 8<sup>th</sup> right rib; measuring 12.1 x 6.1 x 16.5 cm in size. In the cranioventral aspect, the mass is extending up into the axillary region. The mass is in broad contact with the right thoracic wall. The right axillary lymph node is prominent and rounded, presenting a heterogeneous contrast enhancement pattern.

**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.

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

**HOSPITAL NAME**

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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 randomly interspersed punctuate mineralization. Regions of mild dystelectasis of the right lung lobes are seen.

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

The left adrenal gland is enlarged, measuring 2.1 x 2.0 x 3.3 cm in size. The left phrenicoabdominal vein is significantly dilated and dilation of at least pre-hepatic segment of the caudal vena cava is seen with possible intraluminal filling defect.

**INVOICE**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Soft tissue mass caudoventral aspect right scapula
- Lymphadenopathy right axillary lymph node
- Advanced disuse atrophy musculature and osseous structures right front limb
- Soft tissue mass left adrenal gland with vascular invasion of the phrenicoabdominal vein and caudal vena cava
- Degenerative osteoarthritis shoulder joints bilaterally and insertional desmopathy deep

**DATE**

8-9-22



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- pectoral muscle bilaterally
- Pulmonary osteomas
- No evidence of pulmonary metastatic spread

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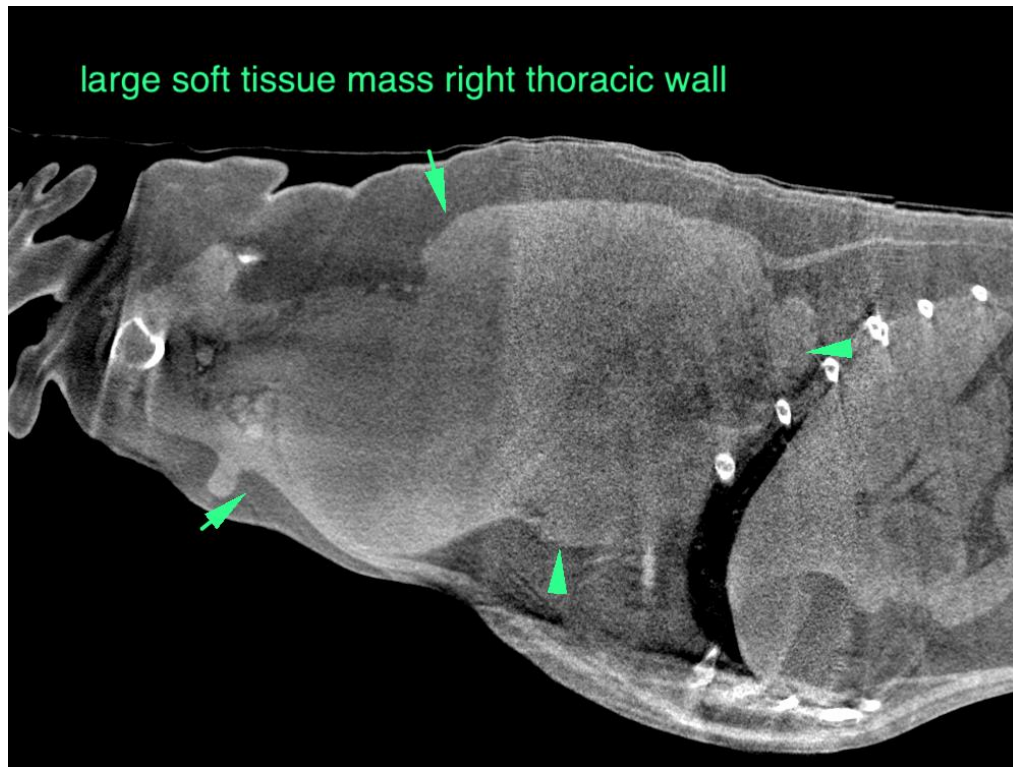
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of soft tissue mass at the caudal aspect of the right scapula/along the right thoracic wall and sarcoma is considered as the top diagnosis here – secondary disuse atrophy of the muscular and osseous structures of the right front limb. FNA sampling ± biopsy can be used as advanced diagnostic tools. Complete surgical resection of the mass will warrant amputation of the right front limb including scapulectomy – the mass is extending up into the axillary region and is extending medially up to the level of the cranial thoracic aperture; adhesions infiltration of the thoracic wall are possible. Based on results of the advanced diagnostic tests, the chances of adjuvant radiation or chemotherapy might be discussed with oncologist.

The enlarged left adrenal gland is suggestive for a second entity and primary adrenal neoplasia is considered likely here (e.g. adenocarcinoma, pheochromocytoma) with the adrenal mass invading the caudal vena cava, explaining the abrupt change in diameter – unfortunately, the degree of contrast enhancement of the caudal vena cava is limited, but I suspect thrombus material causing marked segmental obliteration of the caudal vena cava.





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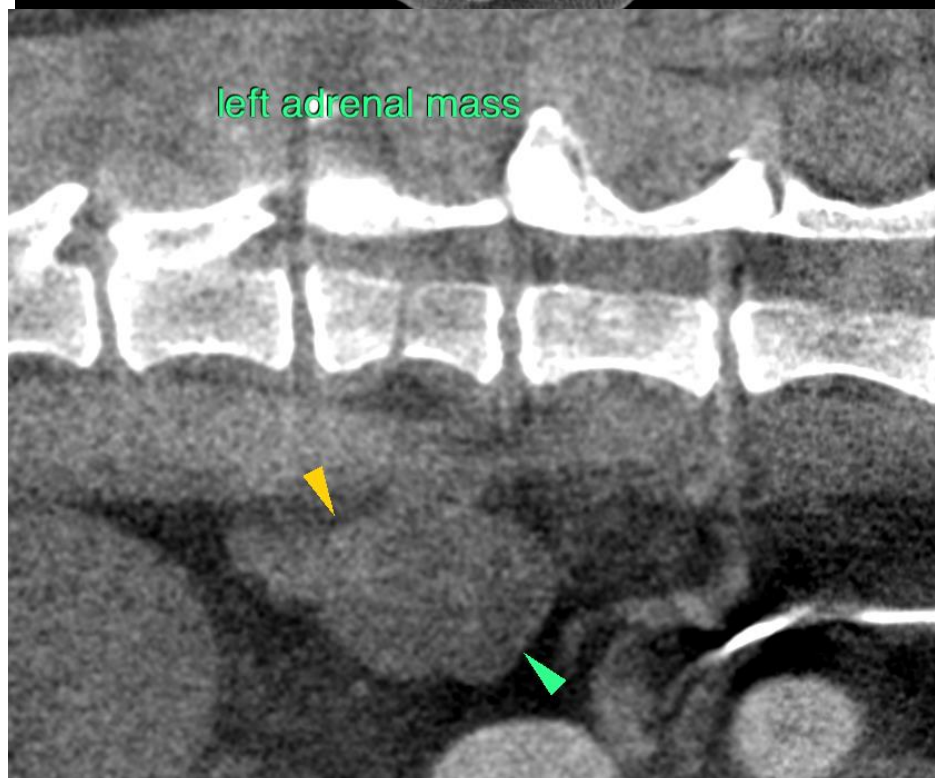
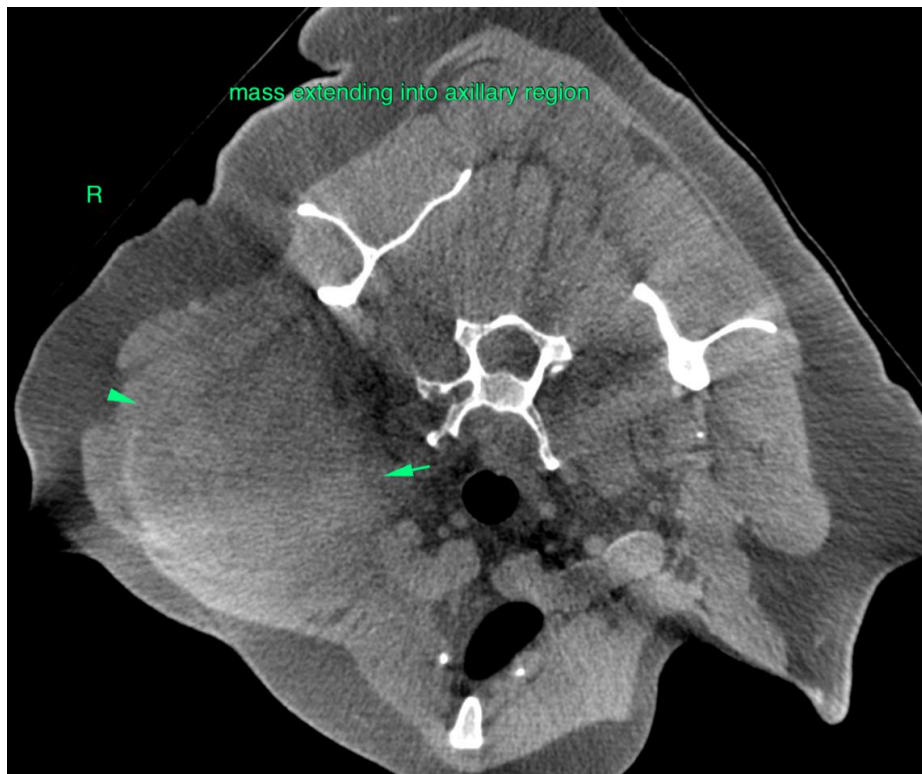
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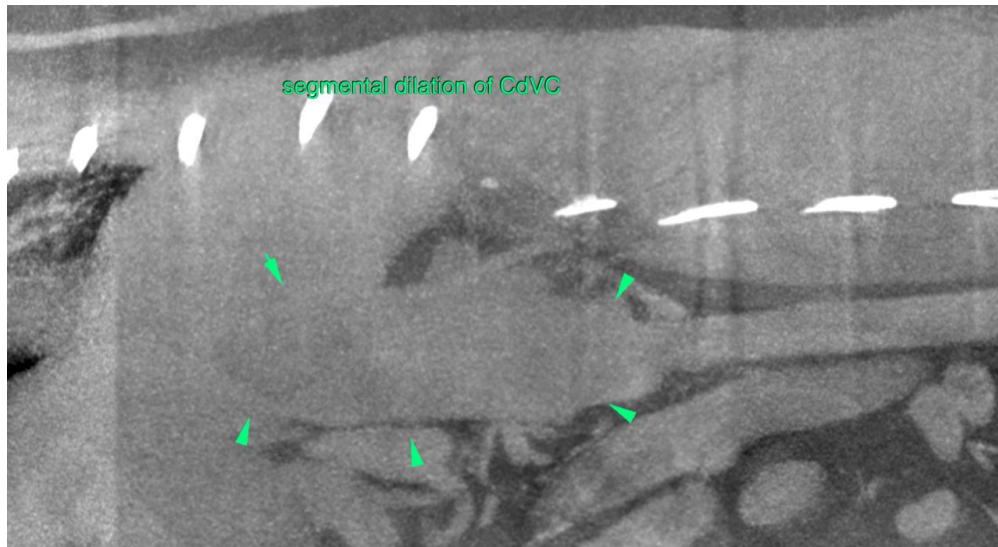
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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