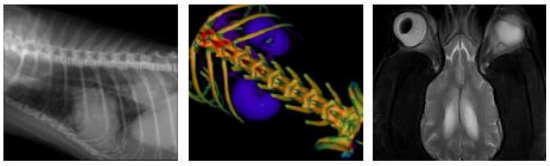


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jules Sjulstad

SPECIES

Canine

BREED

Plott Hound

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Care Denver

REFERRING VET

Cathryn Sayer

INVOICE

17411

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Jules has a large mass on her L flank. Aspiration yielded frank blood (seems like a large cavity filled with blood). This mass has grown very quickly. She also has many large lipomas. This study for a metastasis check, and also to assess feasibility of surgical removal.

Abnormal PE/Chem/CBC/UA Results: Bloodwork was all normal other than a moderate, likely age-related, increase in ALP.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the abdomen and a plain CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Multiple variable sized subcutaneous lipomas are seen along the ventrolateral thoracic wall bilaterally. The intervertebral disc T12/T13 is moderately protruding into the vertebral canal, occupying approximately up to 20% of the cross-sectional area of the vertebral canal at the same level.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform and considered within normal limits.
The cardiovascular structures including the pulmonary vasculature are within normal limits.

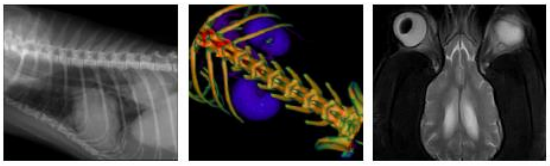
The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.
The lung parenchyma presents the expected architecture and attenuation behavior.

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

Abdomen

The most lateral aspects of the left abdominal wall are cropped by the field of view.

In the subcutaneous tissue at the left thoracic wall, a well-defined, uniform soft tissue attenuating, peripherally accentuated irregular contrast enhancing, ovoid shaped mass is visible, measuring approximately 10.6 x 6.0 x 10.0 cm in size. The surrounding subcutaneous fat presents moderate fat-stranding. The center of the mass is hypoattenuating in the post contrast phase. The mass is in contact with the left external oblique abdominal muscle.



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Multiple variable sized lipomas are seen along the abdominal wall, gluteal region and pictured proximal aspects of both hind limbs.

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

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.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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

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

All intervertebral discs along the lumbar spine are mild to moderately protruding into the vertebral canal, distorting the ventral epidural space at the same level. Multifocal spondylosis formation is appreciated along the lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Cavitary soft tissue mass left abdominal wall with mild surrounding steatitis
- Intervertebral disc protrusion T12/T13 with compressive myelopathy
- Generalized protrusion of the intervertebral discs of the lumbar spine with possible dynamic myelocompression
- Multiple lipomas along the thoracic and abdominal wall
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is fitting the history of subcutaneous mass along the left thoracic wall, that presents as a cavitary mass. The top differential is sarcoma; as the mass is in contact with the external oblique muscle of the left abdominal wall, partial resection of at least the outer muscular layer of the left abdominal wall should be considered.

No additional clinically relevant pathologies are appreciated, there is no sign for metastatic disease

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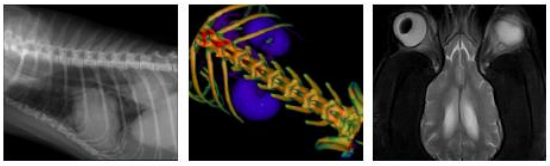

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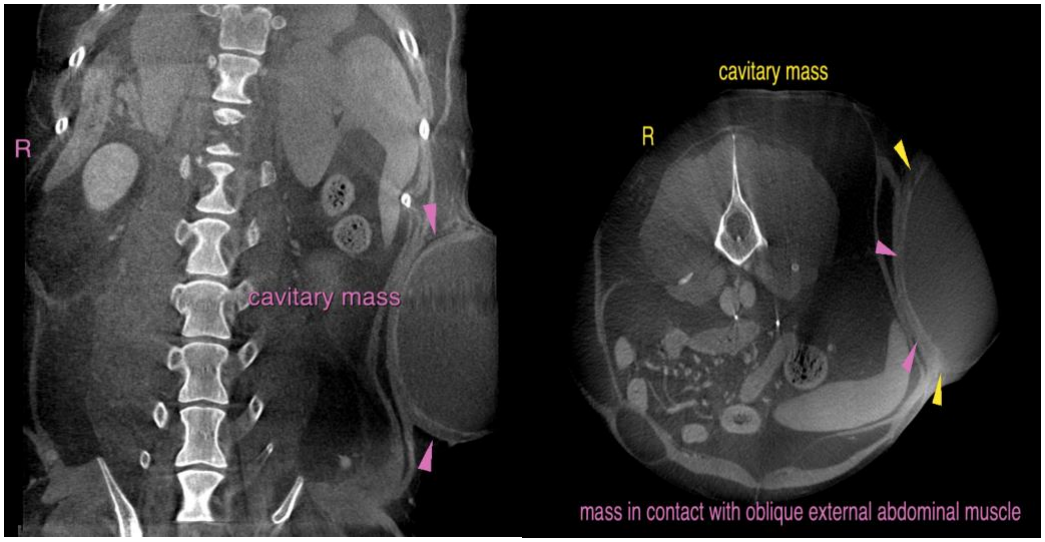

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com