



PATIENT

Chica Torres

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

12 Years

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Burge

INVOICE

56636

DATE

2-8-23

PRESENTING CLINICAL SIGNS

Pet presented for evaluation of mass growing on the right hind leg. It first started growing a few months ago and radiographs taken elsewhere did not show any obvious bone involvement. It has progressed to causing restricted movement in the hip and stifle, and pet knuckles intermittently on the leg when trying to walk. Owner's were offered amputation originally but do not want to pursue that at her age. CT performed today to see if the mass is excisable while sparing the limb.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIC LIMBS, SPECIFICALLY RIGHT PELVIC LIMB

A pre and post-contrast study of the right pelvic limb is provided for review. One pre-contrast series and one post contrast series.

COMPUTED TOMOGRAPHIC FINDINGS

There is an extensive soft tissue mass extending circumferentially into the right pelvic limb musculature throughout the proximal femur to the distal limb and adding to the stifle joint. The mass has different attenuation and post-contrast enhancing along the most proximal and distal portion. The mass is more homogeneous at the proximal portion and more heterogeneous distally and along the stifle joint. The affected muscles are *tensor fascia lata*, *biceps femoral*, *vastus lateralis*, and a portion of the *semimembranosus*. The mass invades the right stifle fat pad expanding the articular capsule and concurrent right stifle effusion is noted.

The right patella is medially dislocated because of the mass effect.

There is mild remodeling of the subchondral bone of the right tibial condyle, femoral condyle, and the margins of the right patella as well as regional lateral cortical bone thinning of the right distal femur.

Marked right medial iliac and moderate right popliteal lymph node enlargement and rounding are noted. Moderate right sided sacral and mild right sided inguinal lymph node enlargement is noted as well.

The remainder of the right pelvic muscles are reduced in volume atrophied.

Severe bilateral periarticular smooth new bone of the coxofemoral joints and coxofemoral subluxation are seen.

On the edge of the exam, the lumbosacral intervertebral disc space is narrowed and incompletely bridged by spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive right pelvic limb muscular mass with stifle joint infiltration. Differential diagnosis includes neoplasia, for example, soft tissue sarcoma, synovial sarcoma, fibrosarcoma, or others.
- Right stifle articular involvement by the mass.
- Concurrent medial luxation of the right patella correlated to the mass effect.
- Right stifle osteoarthritis.



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- Cortical thinning of the distal femur. Differential diagnosis includes atrophy or early bone infiltration.
- Right medial iliac, popliteal, sacral, and inguinal lymphadenopathy, metastatic, less likely reactive.
- Bilateral coxofemoral subluxation and osteoarthritis secondary to hip dysplasia.
- Lumbosacral chronic disc disease, instability, and spondylosis deformans.

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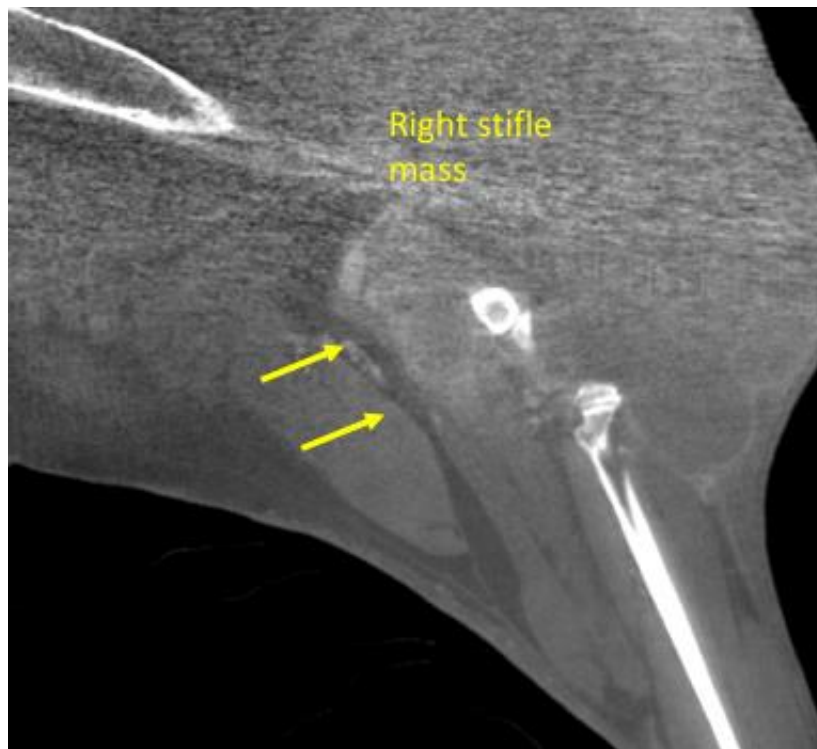
2-8-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Extensive and aggressive infiltration of the mass to the right stifle is seen as well as regional lymph node metastases. The soft tissue muscular/articular mass is not excisable without amputation. A biopsy is required for diagnosis.

Three-view thorax radiography is suggested for pulmonary Mets check.

A complication factor in this patient for the amputation is lumbosacral disc disease and coxofemoral osteoarthritis.





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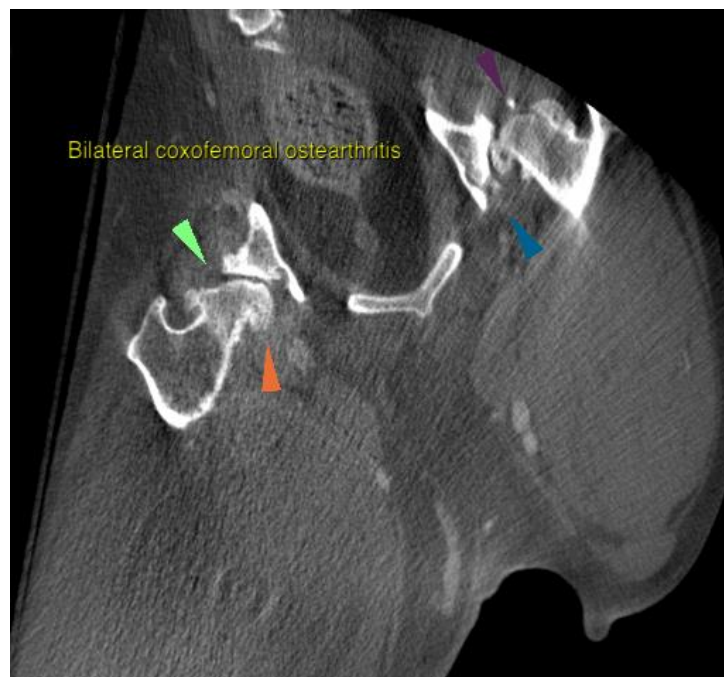
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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info@sonopath.com

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