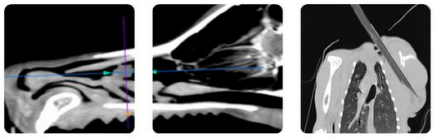

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PATIENT

Scout Baker

SPECIES

Canine

BREED

Coonhound

SEX

Female Spayed

AGE

11Y

WEIGHT

22kg

INTERPRETED BY

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

IMAGING PERFORMED BY

LAN

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Dr. Emily Riddle

INVOICE

75158

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Right axillary soft tissue mass associated with the 1st - 5th rib on palpation, concern for metastasis to left cranial lung lobe

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

A pre- and post-contrast CT study of thorax are provided for review totaling 2 series. One pre-contrast series of the thorax, bone algorithm. One post-contrast series of the thorax, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

A large, well-defined rounded soft tissue mass is identified within the right axillary region, extending adjacent to the right thoracic wall. The lesion appears predominantly extra- and intermuscular and is located in the topography of the right axillary lymph node. The mass demonstrates heterogeneous contrast enhancement with multifocal internal cystic/necrotic regions. Few small tortuous vessels are noted along the caudal aspect of the lesion, apparently arising from the adjacent thoracic wall vasculature. The lesion extends to the level of the right fifth rib; however, there is no evidence of adjacent osseous lysis, cortical invasion, or intrathoracic extension. The mass measures approximately 10.3 × 5.8 × 3.4 cm.

Within the pulmonary parenchyma, there is a rounded soft tissue attenuating pulmonary mass within the left caudal lung lobe, contiguous with the parietal surface at the level of the sixth through eighth intercostal spaces. The lesion demonstrates mild peripheral contrast enhancement with central hypoattenuation and measures approximately 3.0 × 3.2 cm.

Additionally, two smaller pulmonary nodules are identified:

A 7.4 mm soft tissue attenuating peripheral pulmonary nodule within the left cranial lung lobe.
A 1.0 × 0.8 cm soft tissue attenuating pulmonary nodule within the right caudal lung lobe.

Multiple small mineral-attenuating foci are scattered throughout the pulmonary parenchyma, consistent with pulmonary osteomas.

The pulmonary vasculature is preserved. The trachea and bronchial tree are unremarkable.

The sternal and cranial mediastinal lymph nodes are within normal limits. The left tracheobronchial lymph node is mildly enlarged.

The pleural space, diaphragm and visible thoracic wall structures are unremarkable.

The esophagus is mildly distended with intraluminal gas, incidental.

No significant osseous abnormalities are identified within the included musculoskeletal structures.

The included cranial abdomen is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large heterogeneously contrast-enhancing right axillary soft tissue mass centered in the region of the right axillary lymph node, containing multifocal cystic/necrotic regions.

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Differential diagnoses include neoplastic disease, including metastatic lymphadenopathy or primary soft tissue neoplasia.

- Multiple pulmonary nodules and masses, including a dominant left caudal pulmonary mass and bilateral pulmonary nodules, highly concerning for metastatic pulmonary disease.
- Mild enlargement of the left tracheobronchial lymph node, which may represent reactive change or metastatic involvement.
- Incidental multifocal pulmonary osteomas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a large right axillary soft tissue mass with associated multifocal pulmonary nodules and masses, strongly primary or metastatic neoplastic disease. The pulmonary lesions are highly suspicious for metastatic spread.

Despite close association with the thoracic wall and ribs, there is no CT evidence of osseous invasion or intrathoracic extension by the axillary mass at this time.

The mildly enlarged left tracheobronchial lymph node may represent reactive lymphadenopathy or early metastatic involvement.

Cytologic or histopathologic sampling of the axillary mass and/or pulmonary lesions is recommended for definitive diagnosis and tumor characterization. Correlation with oncologic staging and clinical management planning is advised.

Fig. 1. Large heterogeneously enhancing right axillary soft tissue mass with multifocal cystic/necrotic regions.

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Fig. 2. Left caudal pulmonary mass

Fig. 3. Additional bilateral pulmonary nodules are present, highly concerning for metastatic pulmonary disease.

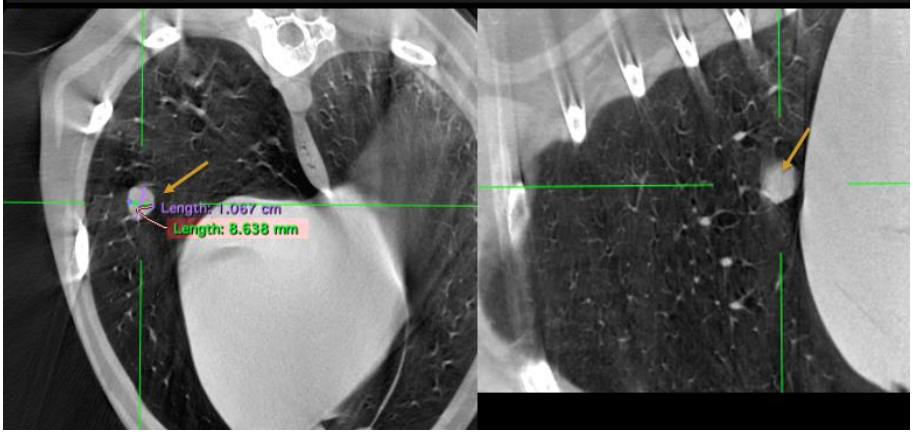
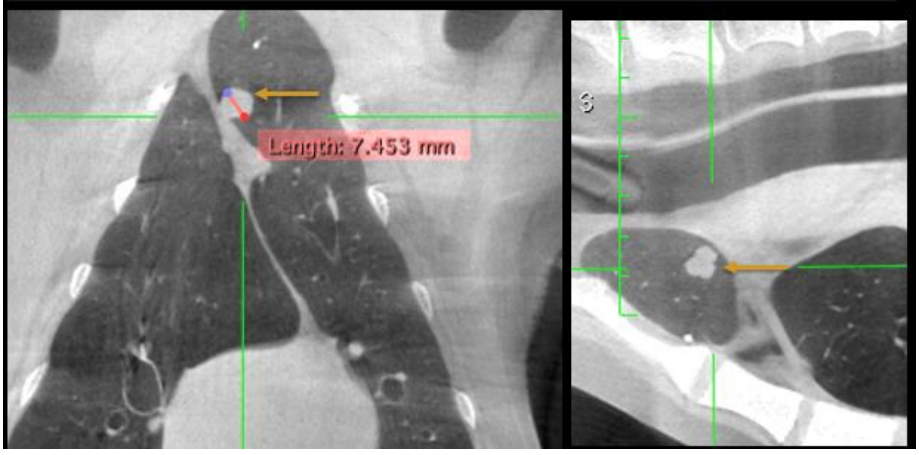


Fig. 4. Additional bilateral pulmonary nodules are present, highly concerning for metastatic pulmonary disease.



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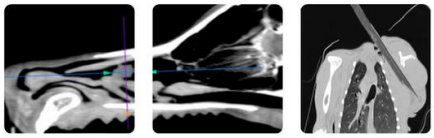

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com