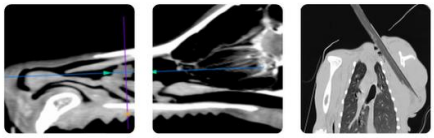


PATIENT

Rocky Pavia

SPECIES

Canine

BREED

Labrador Mixed

SEX

NM

AGE

4Y

WEIGHT

76.0lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

José L. Alvarado Bruno, CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Franco Ortiz, DVM

INVOICE

75304

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Rocky is an approximately 5-year-old neutered male Labrador Retriever weighing **76.6 lb**. He presented after the owner discovered a large, firm, softball-sized mass on the left thoracic wall. Thoracic radiographs were obtained and revealed no obvious pulmonary abnormalities or evidence of thoracic metastasis. However, abdominal radiographs demonstrated a significant mass effect within the abdomen. An abdominal ultrasound was subsequently performed and identified **multiple intra-abdominal masses**. Initially, splenic or hepatic origin was suspected, but ultrasonographic evaluation did not support involvement of either organ. An ultrasound-guided fine needle aspirate (FNA) was collected and submitted for cytologic evaluation.
The plan is to await cytology results from the FNA. Depending on those findings, a **whole-body CT scan** may be recommended to further characterize the masses, determine their origin and extent, assess for metastatic disease, and assist with treatment planning and prognosis.
Prognosis: Guarded.
Abnormal PE/Chem/CBC/UA Results: Complete blood count revealed a **mild leukocytosis**, while serum chemistry values were within normal limits. FNA/Cytology: The cytological findings were consistent with a sarcoma. The neoplastic population appeared similar to that described below. Based on cytomorphology, my primary differential is an osteosarcoma, although other matrix-producing neoplasms such as a soft tissue sarcoma with myxoid component cannot be ruled out. No evidence of lymphoid tissue was appreciated, although this could represent effacement of a lymph node. Please correlate with

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of the thorax and abdomen is provided for review totaling 2 series. One pre-contrast series of the thorax and abdomen (bone algorithm). One post-contrast series of the thorax and abdomen (soft tissue algorithm).

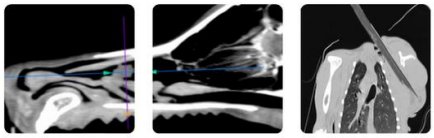
COMPUTED TOMOGRAPHIC FINDINGS

ABDOMEN

A large multilobulated cavitary soft tissue mass is present within the left dorsolateral abdominal wall and retroperitoneal region. The mass extends from the level of the left thirteenth rib/T13 vertebra caudally to approximately the level of L5. The mass is centered predominantly within the abdominal wall musculature, involving and expanding the region normally occupied by the transversus abdominis, internal abdominal oblique, and external abdominal oblique muscles. Normal fascial planes between these muscular layers are effaced. The lesion extends both externally into the adjacent subcutaneous tissues and internally into the abdominal cavity, with the intra-abdominal component being substantially larger than the extra-abdominal component. The mass demonstrates a well-defined multilobulated contour overall; however, its margins are indistinct at sites of intimate contact with the adjacent dorsal epaxial musculature, preventing confident identification of a preserved cleavage plane. Intimate contact is also present with the left transverse processes of L1 through L3 and the left thirteenth rib. No associated cortical lysis, periosteal reaction, or other CT evidence of osseous invasion is identified. The lesion measures approximately 12.1 × 10.9 × 11.5 cm.

Following contrast administration, the mass demonstrates marked heterogeneous enhancement characterized by a thick hyperattenuating capsule and multiple centrally and peripherally distributed cavitary regions of variable attenuation, compatible with necrotic and/or cystic components.

The intra-abdominal component occupies and expands the left retroperitoneal space, producing substantial regional mass effect. There is marked displacement of the left kidney ventrally and toward



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the right side. Mild displacement of the splenic head is present. The proximal descending colon is displaced ventrally.

The mass is closely associated with the abdominal phrenic vasculature and lies immediately adjacent to the abdominal aorta. No vascular invasion or intraluminal tumor extension is identified. However, due to the intimate contact with adjacent vascular structures, regional adhesions cannot be excluded.

The left adrenal gland is in intimate contact with the mass, with loss of the normal intervening tissue plane; local adhesion or involvement cannot be excluded.

The spleen is normal in size, shape, attenuation and enhancement.

The liver, gallbladder, pancreas, right adrenal gland, kidneys, ureters, urinary bladder, prostate, gastrointestinal tract, and remaining visualized abdominal structures are otherwise unremarkable.

The medial iliac, internal iliac, para-aortic (lumbar), and mesenteric lymph nodes are normal in size and attenuation.

An incidental segmented appearance of the apical portion of the of penis is noted.

No abdominal effusion is identified.

THORAX

The trachea and main bronchi are within normal limits.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pulmonary parenchyma shows normal attenuation with no evidence of micronodules, nodules, or masses.

The bronchial tree exhibits normal branching and tapering. Bronchial walls are thin and smooth, with a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal, and post-contrast opacification is adequate.

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

The thoracic esophagus is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large, multilobulated, heterogeneous contrast-enhancing cavitary soft tissue mass centered within the left dorsolateral abdominal wall musculature, with extensive retroperitoneal extension and marked regional mass effect. Differential diagnoses include primary malignant mesenchymal neoplasm (sarcoma)
- Intimate association with the adjacent epaxial musculature, left thirteenth rib, and left transverse processes of L1–L3 without CT evidence of osseous destruction.
- Close association with the abdominal aorta and regional vessels without evidence of vascular invasion; however, regional adhesions cannot be excluded.
- Normal thoracic structures, no evidence of pulmonary metastatic disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate a large, locally invasive cavitary soft tissue mass arising from the left abdominal wall with extensive retroperitoneal extension. In conjunction with the cytologic findings, the primary differential diagnoses include malignant mesenchymal neoplasm.

No CT evidence of metastatic disease within the thorax, abdominal organs, or regional lymph nodes.

Although the mass appears surgically accessible, resection is expected to be challenging due to its size, infiltrative characteristics, retroperitoneal extension, and close association with critical regional structures. There is no CT evidence of vascular invasion; however, local adhesions or microscopic extension cannot be excluded. Consultation with a surgical oncologist is recommended to determine the most appropriate surgical approach and assess the likelihood of achieving adequate margins.

Fig. 1. Large multilobulated cavitary soft tissue mass centered within the left dorsolateral abdominal wall musculature with retroperitoneal extension.

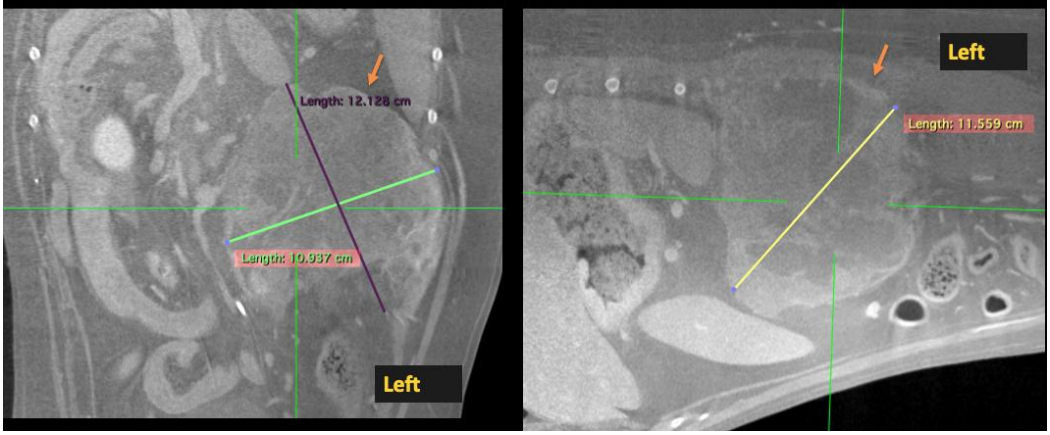
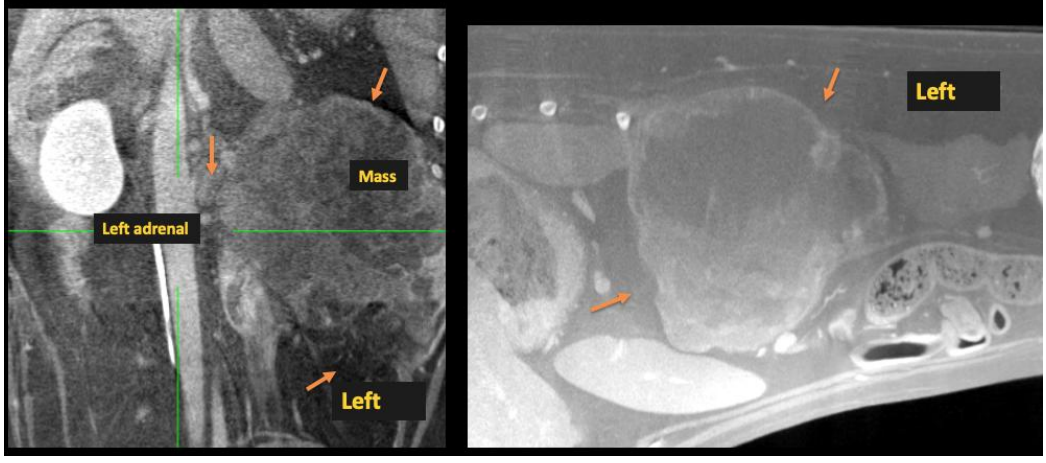


Fig. 2. Large multilobulated cavitary soft tissue mass centered within the left dorsolateral abdominal wall musculature with retroperitoneal extension.



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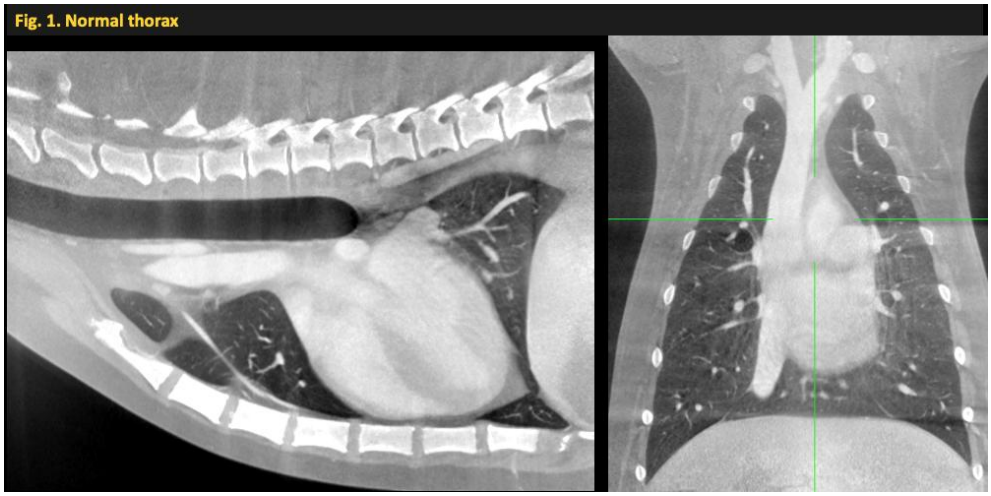

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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