



PATIENT PRESENTING CLINICAL SIGNS

BENJAMIN REITMEYER CT of thorax and abdomen to check the confines of the large L flank mass and to confirm no metastasis or thoracic involvement. He pants excessively and at odd times, seems to have very low energy, and works very hard to get up and down from lying down position. The mass concerns us -- it is very large

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN

A pre- and post-contrast CT study of thorax and abdomen are provided for review totaling 5 series. Three pre-contrast series soft tissue/ bone algorithms. Two post-contrast series soft tissue algorithm.

BREED

Golden Retriever

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

SEX

Neutered Male

An extensive, wide, fat- attenuating, rounded, predominantly homogeneous mass is seen on the extra cavitory region, in the left thoracoabdominal wall. In the center of the mass, at least three foci of aggregated soft tissue attenuating mass effect is seen that interrupts the homogeneity of the fat-attenuation characteristics. The mass expands from the left third rib throughout the left abdominal wall, adjacent to the left flank, and it is located between the left sternal intercostal muscle, ventral thoracic serratus muscle, and external abdominal oblique muscle. The mass measures at least 35cm length by 13.0cm height by 11.0cm width. The mass causes a mass effect in the left thoracoabdominal wall and displaces the ipsilateral ribs.

AGE

8 Years

The trachea and main bronchus are normal.

INTERPRETED BY

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

Mild peripheral ventral dependent multifocal pulmonary ground glass attenuation is noted and associated with reduction of volume expansion. The remaining pulmonary parenchyma is normal. No pulmonary micronodules, nodules or masses are seen.

The cardiac silhouette and pulmonary vessels are normal. The contrast media adequately fills the cardiac chambers and vessels on post-contrast series.

HOSPITAL NAME

Williamsport West Veterinary Hospital

The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes.

The thoracic esophagus is mildly distended by intraluminal gas content, likely correlated to the anesthesia.

REFERRING VET

Stephanie Daverio, VMD

The diaphragm is normal.

ABDOMEN

The liver is homogenously soft tissue attenuating and uniformly contrast enhancing with normal size and shape. The gallbladder is unremarkable.

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The renal silhouettes are normal in size, shape, contour, and attenuation pre- and post-contrast. The renal length is 7.3cm in the right kidney and 6.7cm in the left kidney. No radiopaque calculi are seen.

The ureters are normal in size with correct insertion in the trigone region.

DATE

8-1-23



PATIENT The urinary bladder is moderately filled, with the apex in the plane of L6, and is homogeneously soft tissue opaque. No evidence of radiopaque calculi.

Benjamin Reitmeyer

The spleen is homogeneously soft tissue attenuating, and uniformly contrast enhancing, with normal size and shape.

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The stomach is moderately distended, containing homogeneous hypoattenuating fluid material and gas. Normal position.

The small intestine are nondilated and contain a small amount of fluid attenuating material and gas.

BREED

Golden Retriever

The colon and rectum contain gas admixed with heterogeneously soft tissue attenuating fecal material.

The pancreas and mesentery are normal.

SEX

Neutered Male

The abdominal lymph nodes and adrenal glands are normal.

The prostate is small and intrapelvic, normal for castrated patient.

AGE

8 Years

On collimated musculoskeletal,

The right coxofemoral joint is incongruent, and the cranial acetabular margins are remodeled to a smooth and convex contour periarticular ossification. The left coxofemoral joint is unremarkable.

Bulging discs with in situ hyperattenuating foci are seen at L7-S1 and L6-L7.

Abundant fat stores are seen in the dorsal subcutaneous tissues and intraabdominal.

INTERPRETED BY

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Extensive in size, predominantly homogeneous left side thoracoabdominal wall subcutaneous lipomatous mass. The differential diagnosis includes lipoma, or less likely liposarcoma.
- Peripheral pulmonary passive atelectasis, otherwise normal pulmonary parenchyma.
- Normal abdomen.
- Right side coxofemoral incongruency and mild secondary osteoarthritis.
- Bulging and in-situ disc calcification at L7-S1 and L6-L7
- Excessive body condition score.

HOSPITAL NAME

Williamsport West
Veterinary Hospital

REFERRING VET

Stephanie Daverio,
VMD

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extensive lipomatous mass reaches a long portion of the left thoracic and abdominal wall; no evidence of pulmonary metastatic disease or enlarged lymph nodes. No evidence of thoracic involvement by the mass, however, the mass externally displaces and compresses, especially the left caudal ribs.

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PATIENT

Benjamin Reitmeyer

SPECIES

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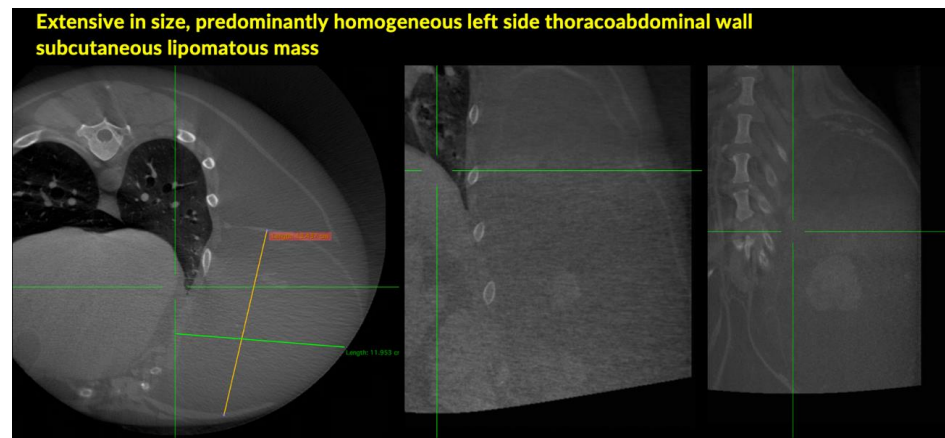
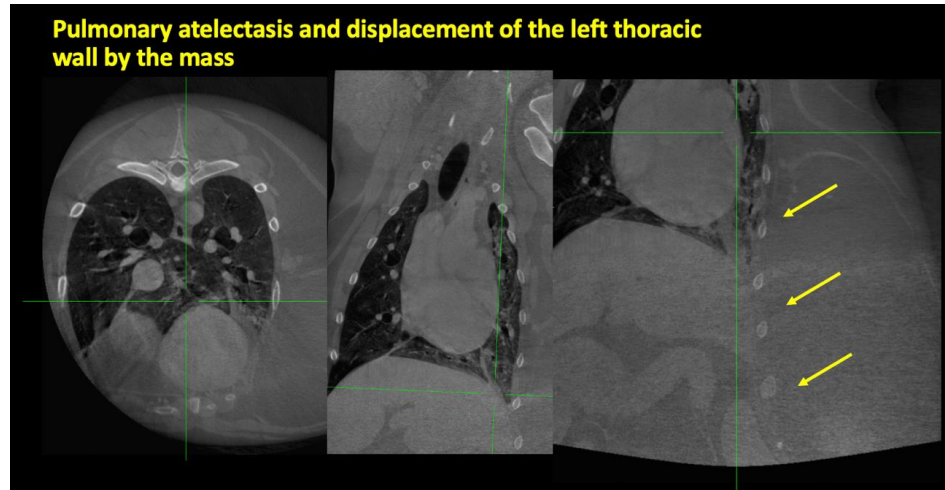
Neutered Male

AGE

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HOSPITAL NAME

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Veterinary Hospital

REFERRING VET

Stephanie Daverio,
VMD

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