

Diagnostic Imaging Report

Owner

Clifton

Referring veterinarian

Abbeyfields Vets - Ella Smallwood

Patient

Dexter : Dog Staffordshire Bull

Terrier

Male 7y

CT Performed on Sep 12, 2018

by James Weston

History

In April 2016 Dexter was diagnosed with a subcutaneous mast cell tumour on the lateral aspect of the metatarsal area of his left hindlimb. This was surgically resected and Dexter received treatment with masitinib and then a vincristine and prednisolone protocol. Sadly, Dexter was not well maintained on either of these chemotherapy protocols due to severe myelosuppression and they were stopped. The mass removal site was settled at this point and no mass evident.

In September 2017 he developed a mass on his chin which was surgically resected and confirmed to be benign histiocytoma.

3 weeks ago Dexter presented to us again with swelling at the original mast cell tumour resection site. Cytology on fine needle aspirate of the swelling confirmed recurrence of the mast cell tumour.

We are hoping that further imaging of his thorax, abdomen and hindlimb will aid in staging his cancer and making further treatment decisions. Thank you.

Description

The study consists of 10 series of 1 and 2 mm thick transverse CT images of the pelvic limbs, abdomen and thorax taken before and after IV injection of iodinated contrast medium.

On precontrast images of the pelvic limbs, focal cutaneous thickening is identified on the dorso-lateral aspect of the left tarso-metatarsal region, as is consistent with the clinical history. The lesion is superficial and does not invade deep tissues. The lesion measures 3 cm in diameter and 6 mm in thickness. Underlying bony structures are within normal limits. Popliteal and inguinal lymph nodes are of normal size.

On precontrast images of the thorax and abdomen, lungs are well inflated. No diffuse or focal pulmonary infiltrate is identified. No pulmonary nodule is detected. Cranial mediastinal structures are within normal limits. No pleural abnormalities are seen. In the abdomen, the liver, gallbladder, pancreas, spleen, kidneys, adrenal glands, and urinary bladder have normal size, shape and attenuation. No abdominal or pelvic lymph node enlargement is identified. The gastrointestinal tract has normal size and content. Surrounding skeleton is unremarkable.

On post-contrast images, several small hyperperfused splenic nodules are seen measuring 10 to 13 mm in diameter. No additional lesion is identified.

Conclusion

Cutaneous thickening on the dorso-lateral aspect to the left tarso-metatarsal region compatible with the clinical history of recurrence of mast cell tumor. No evidence of loco-regional lymphatic metastases. Splenic nodules may represent benign nodular hyperplasia or metastatic disease, given the clinical context.

Recommendations

Ultrasound guided fine needle aspiration of the spleen may be considered for further evaluation, as clinically indicated.

PHONE: 1 552 621 33 22 33
e-mail: paul.barthez@gmail.com

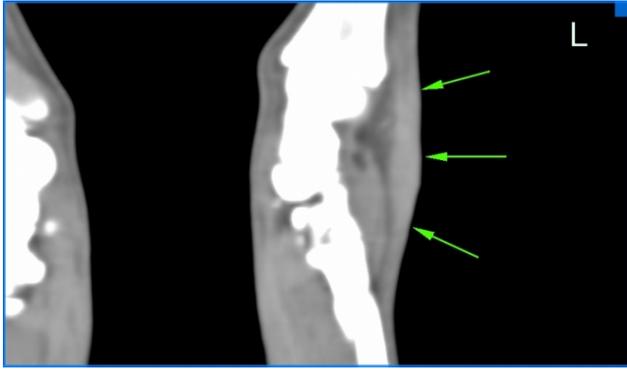


Fig.1 : Post-contrast dorsal reconstruction of the left tarsus showing cutaneous thickening on the dorso-lateral aspect of the tarso-metatarsal region (arrows).

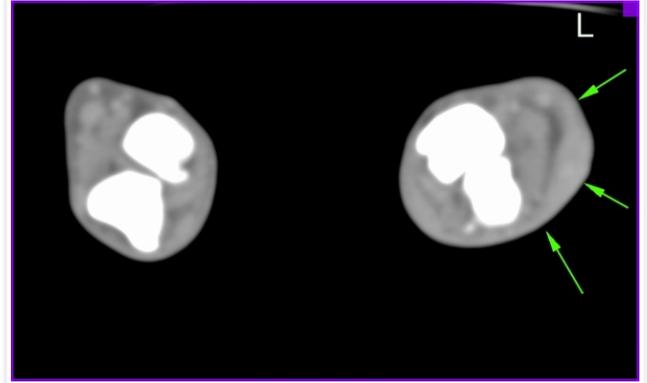


Fig.2 : Post-contrast transverse image of both tarsi showing cutaneous thickening on the dorso-lateral aspect of the left tarso-metatarsal region (arrows).

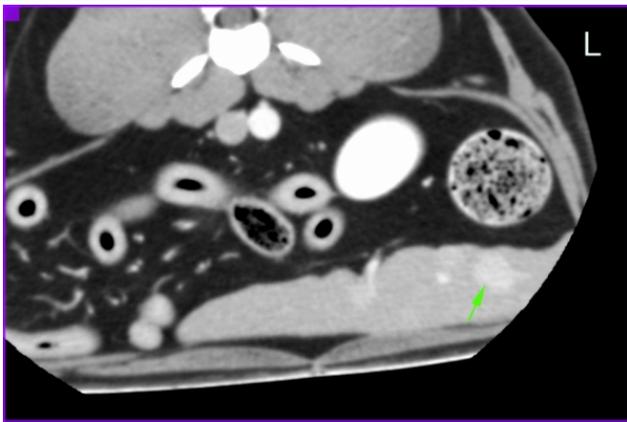


Fig.3 : Post-contrast transverse image of the abdomen showing a hyperperfused splenic nodule (arrow).

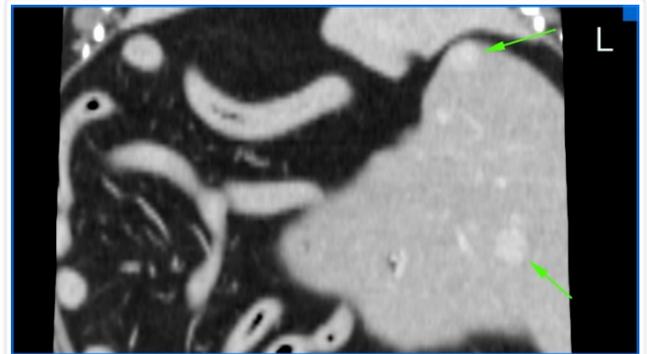


Fig.4 : Post-contrast dorsal reconstruction of the abdomen showing 2 hyperperfused splenic nodules (arrows).