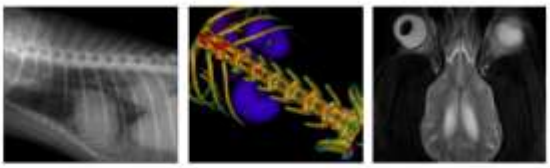


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mabel Dela Cerna

SPECIES

Canine

BREED

Greyhound

SEX

FS

AGE

8.6 Years

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

Boca Park Animal Hospital

REFERRING VET

Tifanie Silver

INVOICE

48098

DATE

10-30-21

PRESENTING CLINICAL SIGNS

P presented for evaluation of lameness on the left forelimb. O notes that this began following a walk 3 weeks ago, but appeared to wax and wane. Lameness has become more constant and possible swelling is noted.
Abnormal PE/Chem/CBC/UA Results: Pain noted on gentle palpation of the left shoulder/humerus Significant deep inflammation and possible firm mass noted on the cranial-lateral aspect of the humerus Pain on backward extension of the left forelimb Grade III/IV lameness on the left forelimb Occasional knuckling of left forelimb while standing

RADIOGRAPHIC STUDY OF THORAX AND SHOULDERS

Thorax: RLR, LLR, 2xDV
Humerus L: 1x lateral

RADIOGRAPHIC FINDINGS

Thorax

The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The left cranial lobe on one VD view extends partially across the midline, resulting in a lobar indentation which is also visible on the lateral views in the dorsal aspect of the cranio-ventral lobe. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

A small, elongated soft tissue opacity extends across the second intersternebral space and slightly displaces the cranial lobes dorsally. The trachea initially runs parallel to the thoracic vertebrae and dips terminally with the carina.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces (VHS 11). No chamber or outflow tract enlargement is evident.

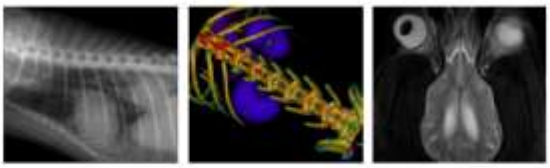
Shoulders

The skin surface cranial to the humerus is cranially displaced.

Palisading new bone is present on the cranial cortex. A large amount of thick new bone of variable thickens and undulating outer surface is present on the caudal humerus. Centrally the cortex is thin and partially destroyed. The medullary opacity in the region of the new bone is patchy.

A separate centre of ossification is present on the caudal glenoid of both scapulae.

The shoulder joint appears physiological.



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mabel Dela Cerna

SPECIES

Canine

BREED

Greyhound

SEX

FS

AGE

8.6 Years

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

Boca Park Animal Hospital

REFERRING VET

Tifanie Silver

INVOICE

48098

DATE

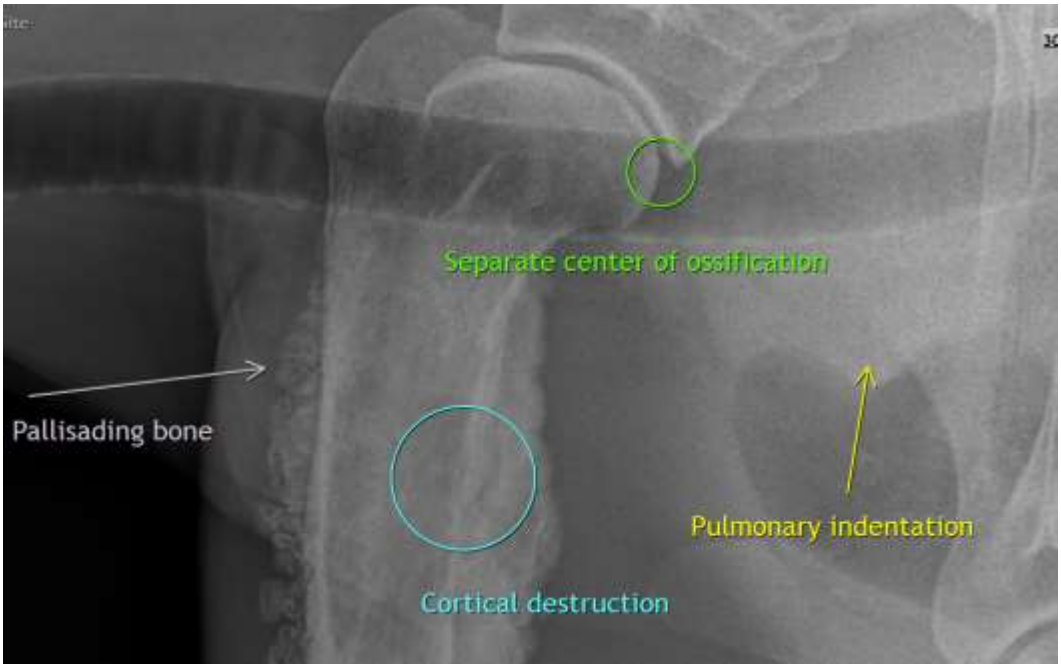
10-30-21

RADIOGRAPHIC DIAGNOSIS

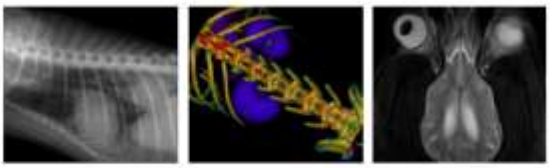
- Mono-ostotic osteoblastic lesion
- No obvious pulmonary metastases
- Separate center of ossification glenoids

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes affecting the left humerus are compatible with a primary bone tumor such as osteosarcoma; osteomyelitis is unlikely but should be ruled out. Lung metastases are not apparent. The pulmonary displacement in the region of the sternal lymph node may be an artefact but could well represent lymphadenopathy. A CT examination is recommended for prognostic purposes if treatment is considered; prescapular and neck lymph nodes should be included in that study.



SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mabel Dela Cerna

SPECIES

Canine

BREED

Greyhound

SEX

FS

AGE

8.6 Years

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

HOSPITAL NAME

Boca Park Animal Hospital

REFERRING VET

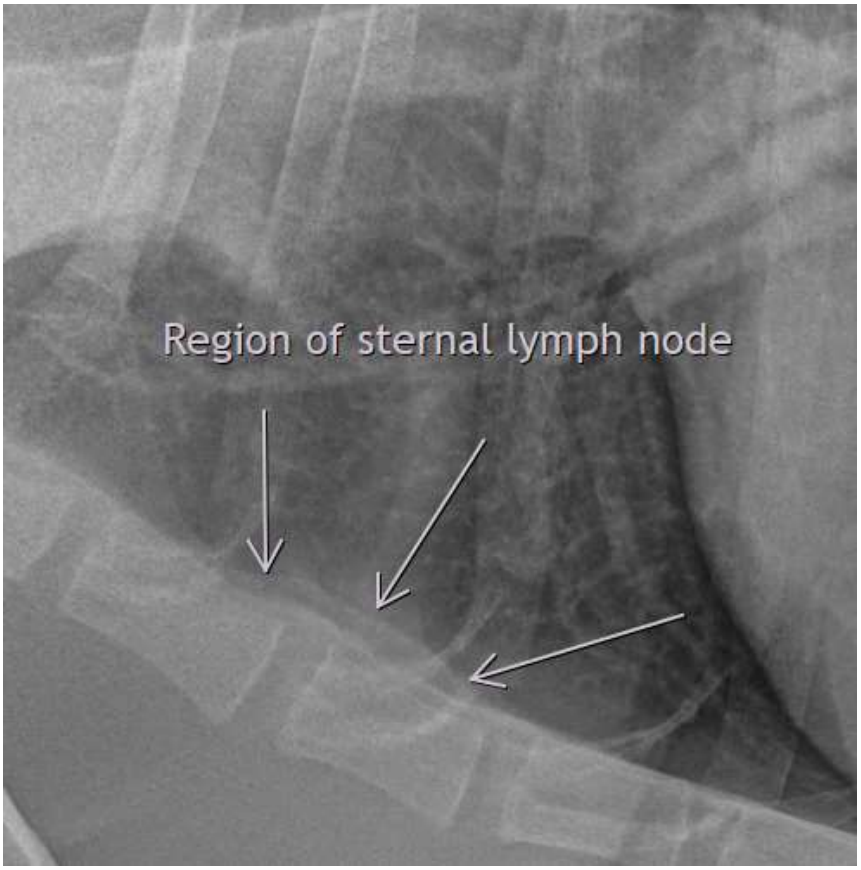
Tifanie Silver

INVOICE

48098

DATE

10-30-21



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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com