



PATIENT

Trooper Brown

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

10 Years

WEIGHT

93.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Alina Furey & Kelly
Burdziak

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

35754

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Patient presents with ongoing lameness of RFL, no medications taken yet. Needs sedation for exams. Weight loss noted. Muscle atrophy of spine and RFL noted. Painful on deep palpation of right upper front leg, even under sedation

Abnormal PE/Chem/CBC/UA Results: Bloodwork pending Radiographs taken, concern for rostral humerus RFL and sternum

RADIOGRAPHIC STUDY OF THORAX, SHOULDERS AND ELBOWS

Thorax:

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

Mild ventral spondylosis is present T5/6 and T12/13. The insertion of the costal cartilages on the sternum is accompanied by a variable degree of smooth new bone formation, which also fills the gap between last sternebra and xiphisternum. The costo-chondral junction of one rib pair also shows a degree of bony proliferation.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5.

The degree of pulmonary expansion is good. The lung lobes are well aerated and extend to the thoracic boundaries on the VD view. Small, irregularly shaped mineral opacities are evident in the ventral lobes. The lung lobes are slightly displaced from the thoracic boundaries by fat on both lateral views. Pulmonary vessels are well outlined. Occasional small doughnuts overly the caudal vena cava in right lateral recumbency.

The cardiac silhouette is slightly elevated from the sternum by fat and occupies 75% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

R humerus:

The caudal muscle mass is reduced. Lucencies are present in the medullary cavity of the proximal humerus. Layered new bone (NB) is evident on the cranial cortex, level with the medullary changes. Smooth, organized NB is present on caudal humeral head and caudal glenoid.

Elbows: a small amount of smooth new bone outlines condyles and anconeal process. Soft tissue thickening is evident proximal to the olecranon of both legs.

RADIOGRAPHIC DIAGNOSIS

R humerus

- Osteolysis
- Periosteal NB

Incidental findings

- Pulmonary osteomata
- Spondylosis
- Irregularity costo-chondral and chondro-sternal junctions
- Shoulder arthrosis
- Elbow arthrosis, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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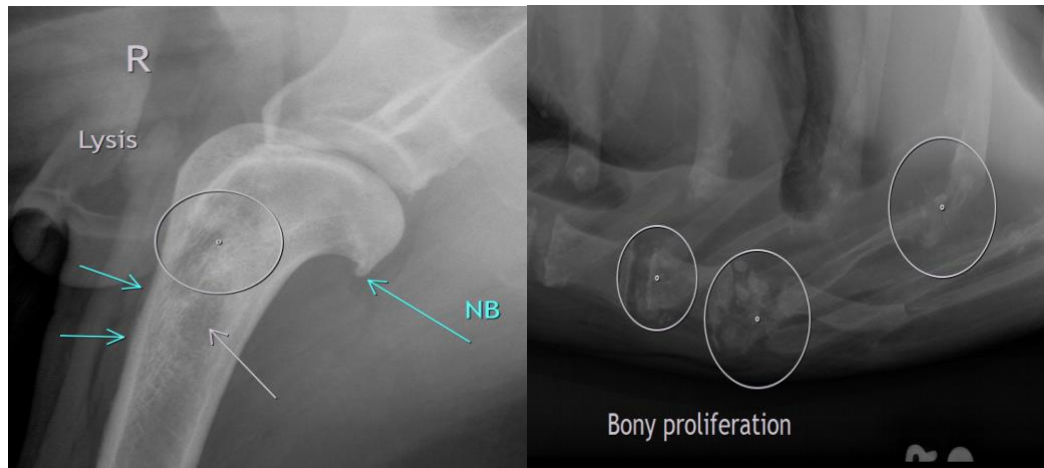
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The right humeral changes are compatible with a lytic bone tumor. Osteomyelitis is a less likely differential diagnosis as hardly and proliferation or sclerosis is present. For prognostic purposes and treatment options, determination of the tumor type is necessary. Ultrasound guided aspiration of the cranially located new bone can be tried; otherwise, a core biopsy is necessary. Contrast CT can help identify lymphadenopathy and small pulmonary metastases.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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