



PATIENT

Maxine Wheeler

PRESENTING CLINICAL SIGNS

Large mass Left lateral shoulder. Lameness left thoracic limb.
Abnormal PE/Chem/CBC/UA Results: Previous biopsy results of the mass: lipoma

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT SHOULDER BLADE

Plain and post contrast studies available for review.

BREED

Great Dane

COMPUTED TOMOGRAPHIC FINDINGS

A large irregular shaped hypoattenuating mass with heterogeneous contrast enhancement and lobulated appearance is seen lateral and ventral of the left scapula. The mass measures approximately 12.0 cm in height, 9.0 cm in width, and 9.0 cm in length, and causes extensive aggressive osteolysis of the left scapula accentuating its proximal and caudal aspect. Large punched out osteolytic defects with a long transition zone to the unaffected bone are seen. There is a large amount of amorphous and spiculated periosteal new bone formation. No evidence of a pathologic fracture is seen at this point.

SEX

Female Spayed

The left axillary lymph node is moderately enlarged and rounded with increased contrast enhancement. The lymph node diameter is approximately 2.0 cm.

AGE

3 Years

The sternal lymph nodes present no evidence of enlargement.

No evidence of pulmonary nodules is seen in the visible portions of the lung.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large soft tissue mass with aggressive bone lysis of the left scapula.
- Left axillary lymphadenomegaly.

HOSPITAL NAME

Mobile Pet Imaging
CFL

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with mesenchymal neoplasia. Consider neoplasia of bone such as osteosarcoma and chondrosarcoma as well as soft tissue sarcoma with secondary bone infiltration a potential. Final diagnosis would require sampling for histology.

REFERRING VET

Borecky

The lymph node changes are suggestive for early metastatic disease. Reactive hyperplasia cannot be ruled out. Consider fine needle aspiration for further definition.

INVOICE

47995

The close proximity of the lesion margins to the thoracic wall may limit potential surgical excision. The minimum distance between the mass and the ribs/intercostal spaces is less than 5mm. The ribs and intercostal musculature are essentially immediately adjacent to the mass and the intercostal musculature is even mildly medially displaced by the mass.

DATE

10-26-21



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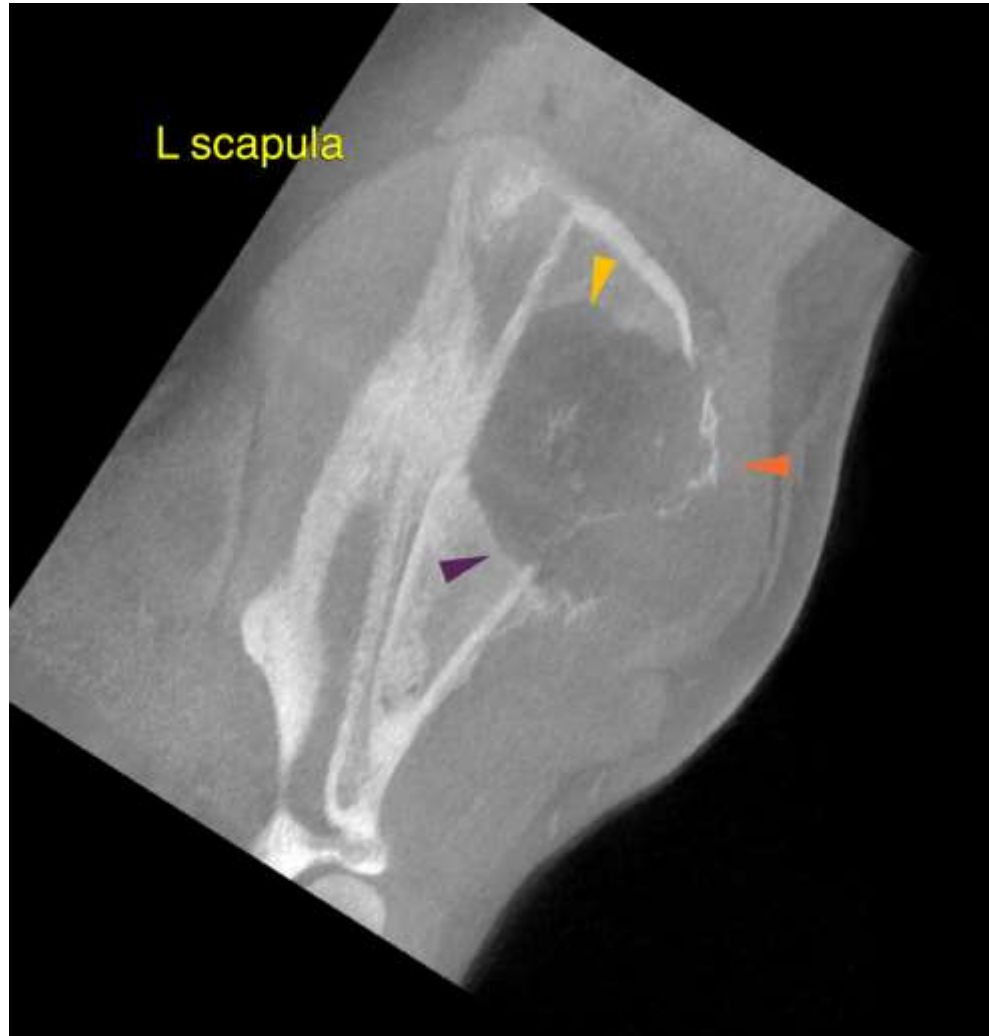
Borecky

INVOICE

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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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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