



PATIENT

Pepper White

SPECIES

K9

BREED

Heeler

SEX

FS

AGE

13Y

WEIGHT

26kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

ND

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Riddle

INVOICE

73753

DATE

2-16-26

PRESENTING CLINICAL SIGNS

- L thoracic lameness x 4 months. No known injury. Rads taken at rDVM; no arthritis noted. Tested positive for Lyme + Anaplasma; recently finished doxycycline.
- Grade 3 lameness (Toe touching lameness with minimal weight bearing when standing and while moving)
- Moderate diffuse muscle atrophy most pronounced over the infraspinatus and supraspinatus
- No pain on range of motion of the shoulder or carpus with mild reactivity to supination of the elbow

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT SHOULDER

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Muscle atrophy of the left supra- and infraspinatus muscles is seen.

There is an aggressive osteolytic lesion with expansile moth eaten osteolysis of the proximal left humerus centering proximal metaphysis and epiphysis. Multifocal cortical destruction with irregular periosteal reaction is noted. An adjacent soft tissue component extending through the cortical defects into the surrounding musculature is seen. The humeral head is partially involved. Shoulder joint surfaces appear distorted at the lesion site. There is no evidence of scapular involvement.

Mild regional cervical and axillary lymphadenopathy is seen on the left side.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion of the left proximal humerus consistent with primary bone neoplasia such as osteosarcoma.
- Moderate disuse atrophy of the left thoracic limb musculature.
- Mild regional lymphadenopathy.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging characteristics of the left proximal humerus lesion are highly suggestive of primary bone malignancy, most commonly osteosarcoma in older dogs. The bone is prone to pathologic fracture. Pathologic fracture is not present at the time of imaging.

The muscle atrophy is likely secondary to chronic disuse due to pain and lameness.

The mild regional lymphadenopathy is most likely reactive, however, local metastatic spread cannot be ruled out entirely.

Orthopedic oncologic consultation for surgical planning and possible adjunct chemotherapy after histopathologic confirmation via biopsy is recommended to confirm neoplastic type.

The possibility of osteomyelitis or other nonmalignant bone disease is unfortunately considered very low. Consider complete staging if appropriate.



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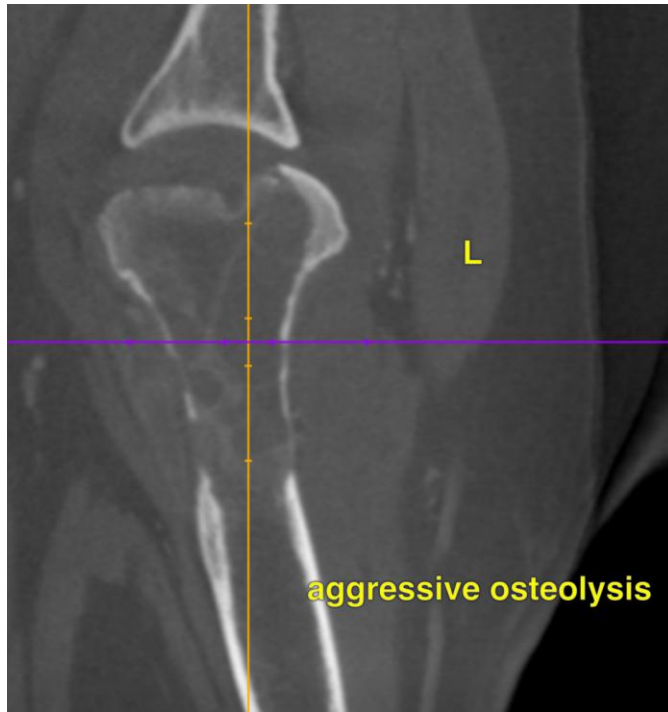
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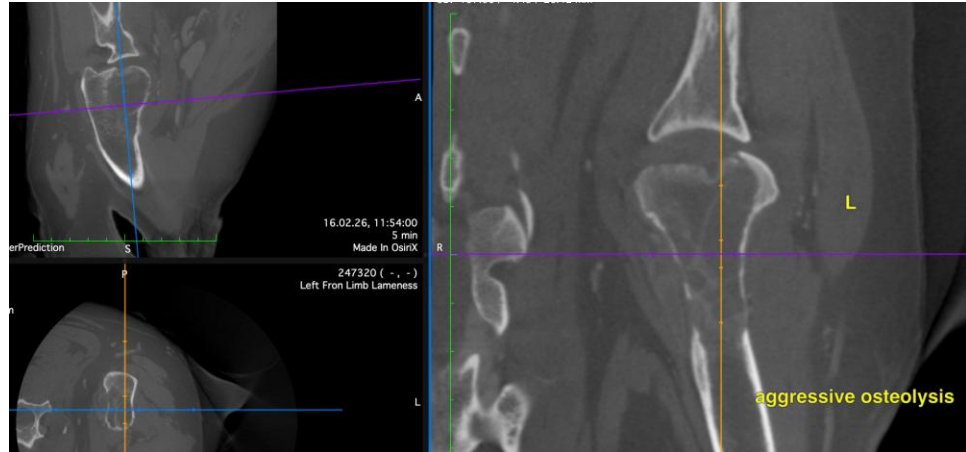
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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