



PATIENT

Emmy Guzman

SPECIES

Feline

BREED

DSH

SEX

Female Spayed

AGE

10.5Y

WEIGHT

12lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mucera

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mucera

INVOICE

74566

DATE

4-13-26

PRESENTING CLINICAL SIGNS

Pt has shoulder swelling on the right arm. Sudden onset. Hindering the ability to walk.

RADIOGRAPHIC STUDY OF THE RIGHT THORACIC LIMB, THORAX, & ABDOMEN

5 images in jpg format are available for review.

RADIOGRAPHIC FINDINGS

Right Thoracic Limb/Shoulder

A large aggressive parosteal and expansile ossified mass is located lateral to the proximal right humerus. The lesion is characterized by marked bone production, cortical lysis, and aggressive bone destruction and periosteal new bone formation. A large adjacent soft tissue mass effect is associated with the osseous mass.

Regional muscle atrophy and bone atrophy of the right thoracic limb is seen.

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The cardiac silhouette presents within normal limits. Age related redundancy of the aortic arch is noted.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Multifocal mild bronchial markings are seen. The lung and bronchial tree otherwise present within age related normal limits. There is no evidence of pulmonary nodules.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

The surrounding bony structures are within normal limits.

The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic tail is not seen.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.



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The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Aggressive osteoproliferative and osteolytic parosteal mass of the proximal right humerus, most likely differential: parosteal osteosarcoma.
- No radiographic evidence of pulmonary metastasis.
- Mild chronic bronchial changes consistent with age related or low grade airway disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are strongly suggestive of a locally aggressive primary bone tumor of the proximal right humerus. The most likely differential diagnosis is osteosarcoma with parosteal manifestation. Chondrosarcoma or other primary bone neoplasia is considered less likely.

No metastatic disease is identified in the thorax at this time which is relevant for staging and therapeutic planning.

FNA or biopsy of the lesion for definitive diagnosis could be considered as well as thoracic CT for more sensitive metastasis detection. Consider oncology consultation for staging and treatment options.



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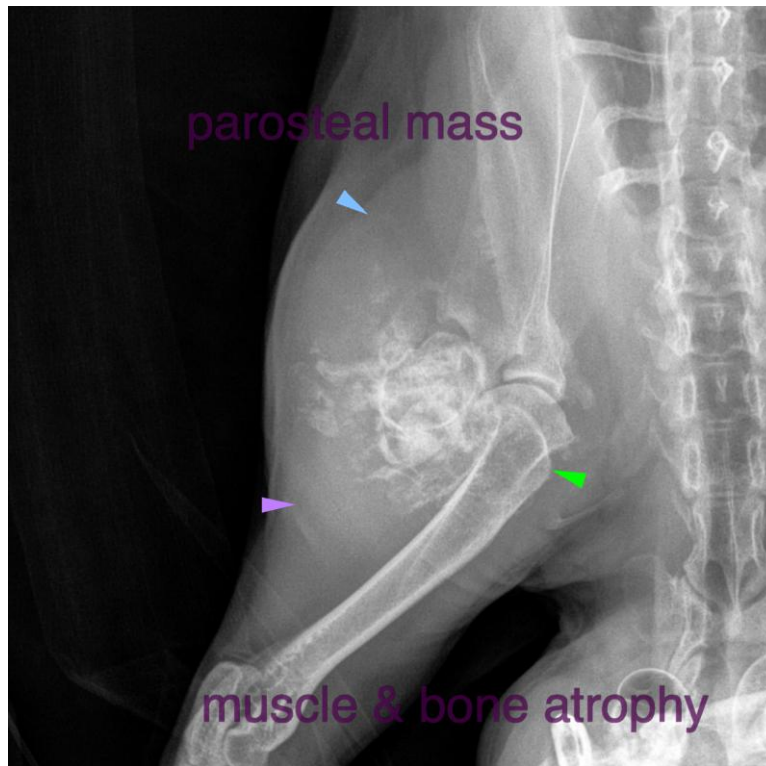
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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