



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bear Barras
SPECIES Canine
BREED German Shepherd
SEX Male
AGE 13 Years

liming on left hind leg started more than one month ago. All the left hind leg is swollen, very swollen at higher left thigh / left hip. Severe lameness on the left hind leg. As per owner, biopsy / FNA done at the regular clinic and indicate soft tissue Sarcoma ? Positive for Lym disease, finished Doxycycline yesterday. Stopped eating since yesterday, ate small amount today. Both testicle are swollen. Lethargic. On Rimadyl and Gabapentin Blood work indicate mild increase in WBC and Neut, mild decrease in Lym and Eos, mild increase in ALP and Cholestrol, mild decrease in K, otherwise unremarkable. 4DX plus, positive for Lym.

RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN & LEFT HIND LIMB

Right/left lateral and ventrodorsal views of the thorax, lateral and ventrodorsal views of the abdomen, and mediolateral and craniocaudal views of the left hind limb totaling 11 images available for review.

RADIOGRAPHIC FINDINGS

Thorax

Multiple thoracic spondyloses are seen.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

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.

Multiple age related incidental pulmonary osteomas are seen. There is one soft tissue opaque nodular structure superimposed onto the cranial tip of the left cranial lung lobe seen in the left lateral view only. The tips of the lung lobes are not included in the orthogonal view. The same structure cannot be seen on the right lateral view.

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

Abdomen

Multiple spondyloses, vertebral end plate sclerosis, and intervertebral disc space narrowing are seen within the lumbar spine from L1 through L4.

Mild spondylosis deformans and intervertebral disc space mineralization as well as vertebral end plate sclerosis are seen in the lumbosacral junction.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

St. Catherine's Animal
 Hospital

REFERRING VET

Dr. Boctor

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PATIENT

Bear Barras

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

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

SPECIES

Canine

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity.

BREED

German Shepherd

The urinary bladder is severe distended.

Moderate enlargement of the prostate is noted.

There is no evidence of sublumbar lymphadenomegaly.

SEX

Male

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.

AGE

13 Years

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

Left Hind Limb

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The left hind limb presents severe atrophy of its musculature.

A large ovoid soft tissue opaque mass is seen in the left proximal thigh.

No evidence of aggressive osteolytic changes of the pelvis, coxofemoral joint, or femur are noted.

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There is mild cranial angulation of the mid and distal third of the left tibia with malunion and synostosis of the fibula.

Extensive dermal and subcutaneous soft tissue swelling is seen in the distal left hind limb.

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A small soft tissue opaque nodule is superimposed onto the soft tissues caudal to the tibia and fibula.

The left stifle joint presents mild articular swelling and moderate periarticular osteophytosis.

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- Large soft tissue mass in the proximal left thigh.
- Malunion fracture of the left tibia and fibula with synostosis.
- Mild to moderate left stifle osteoarthritis.
- Diffuse soft tissue swelling of the distal left hind limb.
- Disuse atrophy of the left hind limb musculature.
- Soft tissue nodule within the cranial aspect of the left cranial lung lobe versus summation artifact.

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PATIENT

Bear Barras

- Prostatomegaly of the non-neutered male.
- Distended urinary bladder.
- Spondyloses.
- Degenerative lumbosacral stenosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

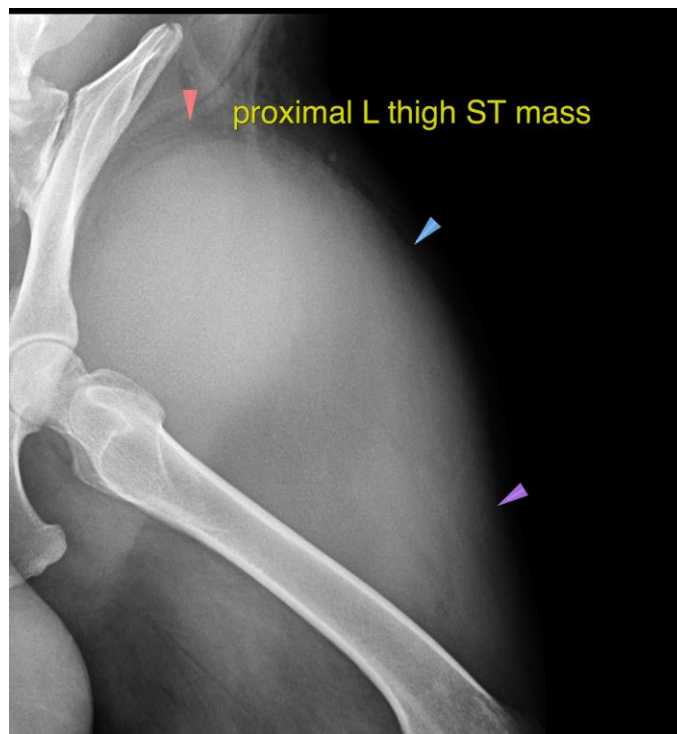
A large soft tissue mass is seen in the left proximal hind limb. At this time, there is no evidence of aggressive osteolytic changes. General differential diagnosis includes neoplasia, granuloma, organizing hematoma, and abscess. However, based on the appearance, the patient demographics, and history, soft tissue sarcoma is considered one of the most likely differential diagnoses. Final diagnosis will require sampling.

The soft tissue swelling in the hind limb may well represent edema due to vascular compromise, vasculitis, or lymphangiopathy.

The prostatomegaly is likely to represent prostatic hyperplasia of the non-neutered male. Prostatitis and prostatic neoplasia cannot be ruled out. Correlate with the rectal palpation and consider ultrasound guided sampling if indicated.

The nodular structure within the tip of the left cranial lung lobe may well represent summation artifact, however, interstitial pulmonary nodule cannot be ruled out entirely as a differential diagnosis and further definition by means of CT could be considered.

Consider CT to navigate potential surgery of the soft tissue mass as well.





PATIENT

Bear Barras

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Canine

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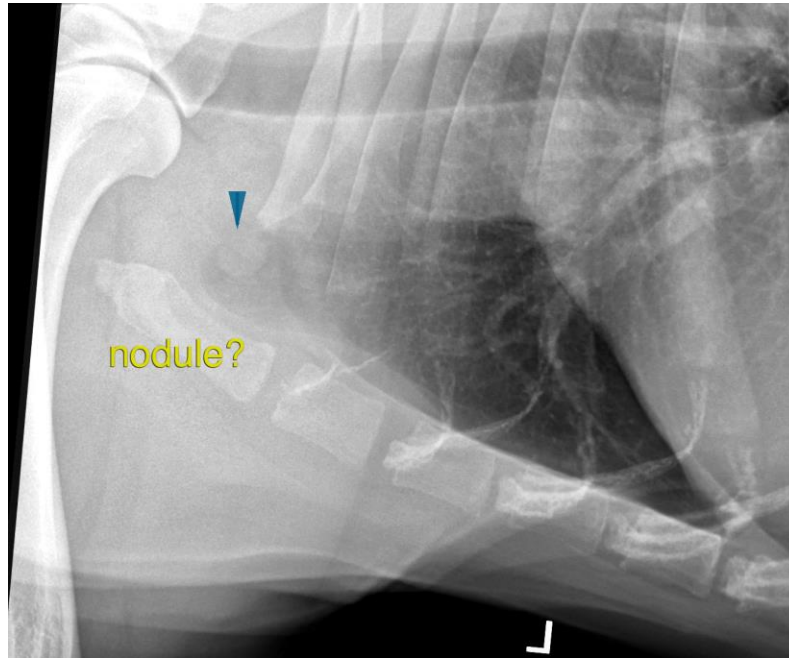
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

St. Catherine's Animal
Hospital

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