

## PATIENT PRESENTING CLINICAL SIGNS

Grace Ward Ongoing left forelimb lameness for a couple of months with left shoulder mass noted April 2026. Radiographs by pDVM on 04/24/26 consistent with monostotic aggressive bony lesion. Thoracic radiographs had also been performed at that time, with a possible nodule at the left caudal thorax. CT scan to evaluate for further metastasis prior to pursuing bone biopsy and/or amputation.

## SPECIES

Canine

## COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Plain and post contrast studies are available for review.

## BREED

Pitbull

## COMPUTED TOMOGRAPHIC FINDINGS

No discrete pulmonary nodules or masses are identified.

## SEX

The sternal lymph nodes present within normal limits. Mild enlargement of the left axillary lymph node is noted

FS

Monostotic aggressive osteolytic lesion of the left proximal humerus is seen in the field of view as well as muscle atrophy of the left thoracic limb.

## AGE

10yr

The cardiovascular structures, including the pulmonary vasculature are within normal limits.

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## HOSPITAL NAME

CARE Surgery Center

## COMPUTED TOMOGRAPHIC DIAGNOSIS

## REFERRING VET

Dr Matthew Keats

- No CT evidence of pulmonary or mediastinal metastasis
- Mild left axillary lymphadenopathy is suspicious for reactive change vs early metastatic involvement
- Monostotic aggressive osteolytic lesion of the left proximal humerus is seen in the field of view as well as primary bone tumor

## INVOICE INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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The thoracic CT does not reveal definitive metastatic pulmonary disease. Evidence of mediastinal lymphadenomegaly or sternal lymphadenomegaly is not seen. Mild left axillary lymphadenopathy warrants consideration of regional metastatic spread.

## DATE

04/29/2026

FNA of the left axillary lymph node could be considered along with biopsy of the humeral lesion for definitive diagnosis.



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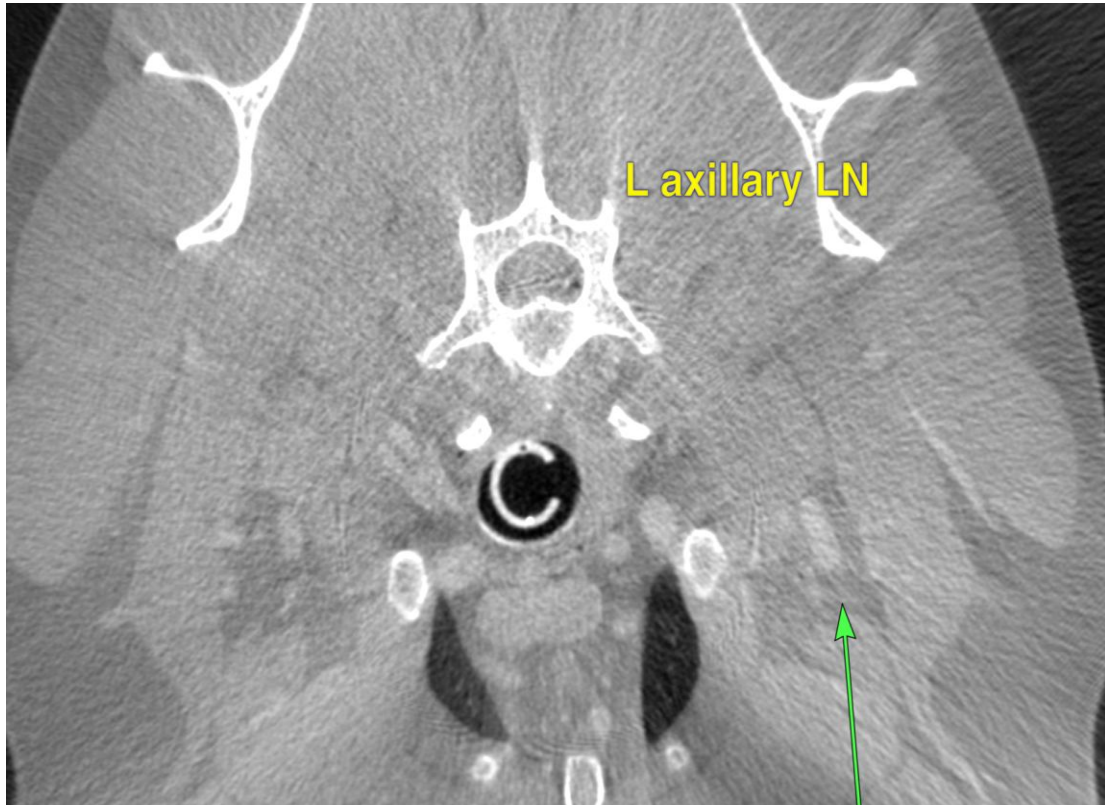
Dr Matthew Keats

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## DATE

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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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