



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
 Handsome Pete Taylor

SPECIES
 Canine

BREED
 Shepherd X

SEX
 MN

AGE
 9 Years

PRESENTING CLINICAL SIGNS
 Presented for evaluation of generalized weakness. Clinical signs were first noted on New Year's Eve, and he could not move his neck acutely. He took about a week to recover with rest and gabapentin. On February 25th 2022 he yelped after rolling on his back in snow and this was self-limiting. By early March he started to have a slower gait. He is reluctant to climb the stairs as well. He hesitates to do any vertical jumping, especially from the car. He is also reluctant to play tug. He head bobs whenever he places his right thoracic limb down. It is also suspected that he drags his nail too. Exercise exacerbates the clinical signs of lameness. He has also been having a mass at the occipital protuberance that has been gradually growing in size. This was first noted in January 2022. Previous medical history: Round cell tumor, suspect histiocytoma - excised on January 6th 2022 Gastric ulcer secondary to Deramaxx Previous lameness of left thoracic limb in 2019, which is when Deramaxx was started.

Abnormal PE/Chem/CBC/UA Results: CBC and Biochemistry: ALKALINE PHOSPHATASE 484 (5-160 IU/L) Urinalysis: Rare rods/hpf Occasional epithelial cell/hpf No crystals present MSK: Mild bilateral carpi crepitus. Grade 1/5 lameness of right thoracic limb. Integ: Raised and well embedded solid mass with a soft center (3x3cm) dorsal to the occipital protuberance. Postural reactions: Proprioceptive positioning and hopping mildly delayed in left pelvic limb were normal in all limbs. Spinal reflexes: Mildly decreased patellar reflex bilaterally (suspected age-related)

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & SHOULDERS

Plain and post contrast studies of the head in soft tissue and bone windows and shoulders is bone and soft tissue windows available for review.

INTERPRETED BY
 Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The series obtained at 4pm is right/left flipped which is a plain study.

COMPUTED TOMOGRAPHIC FINDINGS

Head

A large irregular shaped and ill-defined mass of the occipital bone is seen. The mass is expansile with extensive invasion and mass effect within the occipital portion of the temporal muscles and extraaxial intracranial mass effect onto the cerebellum and occipital lobes of both cerebral hemispheres. Extensive regional meningeal thickening with increased contrast enhancement is noted. Mass measurements are approximately 6 cm in length, 4.5 cm in width, and 4 cm in height.

REFERRING VET
 Dr. Alison Little

The submandibular and medial retropharyngeal lymph nodes present within normal limits.

Shoulders

Moderate semi-circular new bone formation is seen within the intertubercular groove of the right biceps tendon. There is a moderate amount of periarticular osteophytes as well as moderate effusion of the right shoulder joint.

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The left shoulder presents similar changes which are slightly less pronounced. Mild intertubercular groove exostosis and mild periarticular osteophytes of the glenoid cavity and humeral head are seen. Moderate effusion of the left shoulder joint is noted.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Aggressive expansile osteolytic lesion of the occipital bone with extraaxial mass effect onto the occipital lobes and cerebellum.
- Moderate bilateral shoulder osteoarthritis with evidence of chronic biceps tendinopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an aggressive osteolytic lesion of the occipital bone with extensive extraaxial mass effect onto the cerebellum and occipital lobes. Primary neoplasia of bone such as osteosarcoma or chondrosarcoma is considered most likely. Multilobulated osteosarcoma, hemangiosarcoma, fibrosarcoma, and other cannot be ruled out entirely as differential diagnoses but are considered by far less likely. Final diagnosis would require sampling.

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There is evidence of chronic biceps tendinopathy and moderate shoulder osteoarthritis in both shoulders. The changes are slightly more pronounced in the right front limb. Primary osteoarthritis and/or chronic biceps tenosynovitis are the most likely underlying causes of the pertinent CT changes. Clinical significance of these findings is highly variable. However, in case of coexisting clinical lameness, further definition by means of ultrasound could be considered in order to get a more accurate impression of the soft tissue changes in the biceps tendon, biceps tendon sheath, and rotator cuff.

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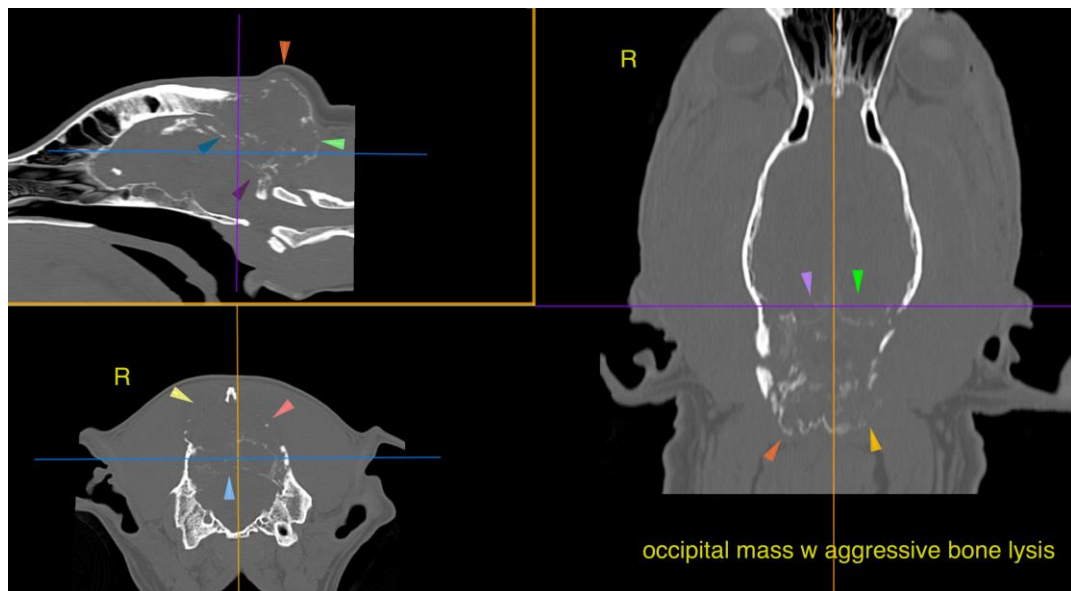
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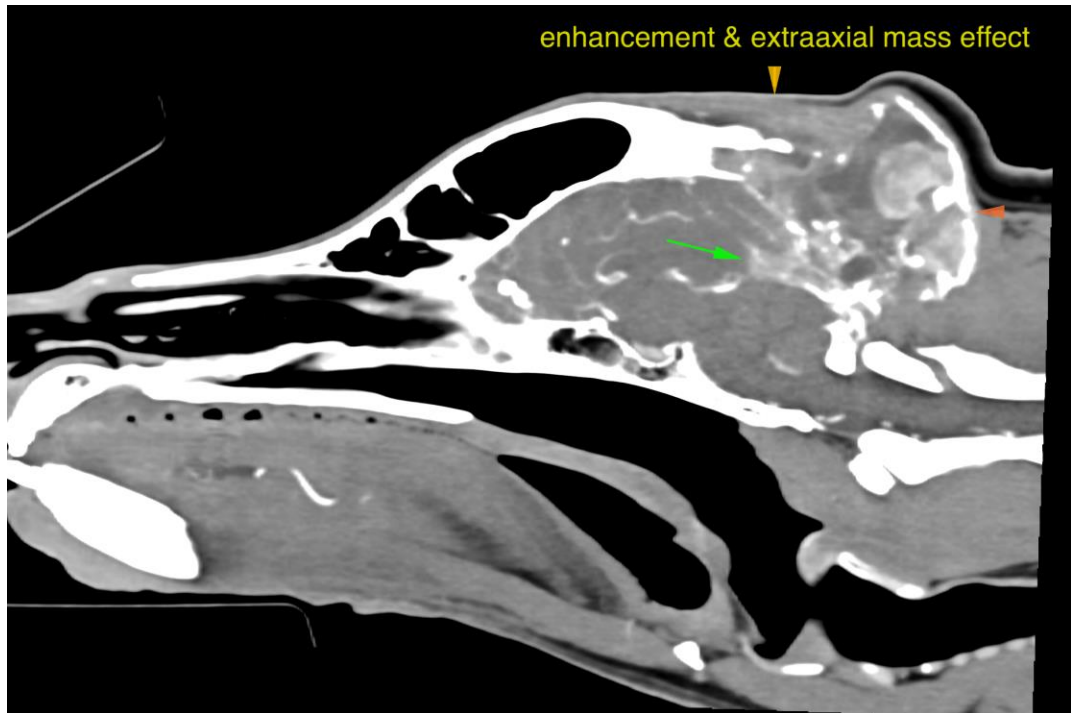
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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