



PATIENT

Lacey Austin

SPECIES

Canine

BREED

Australian Shep (mini)

SEX

Spayed Female

AGE

12 Years, 10 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

All Creatures Animal
Hospital of South Hill,
Inc.

REFERRING VET

Dr. Krisha Salmon

INVOICE

51980

DATE

5-6-22

PRESENTING CLINICAL SIGNS

Pet presented 2 weeks ago for lethargy, 4 days of diarrhea, 1 episode of vomiting with inappetance, and lethargy with possible pain in the hind end. Screening xrays/ CBC/Chem/UA performed at that time and pet was diagnosed with a severe urinary tract infection. Blood test results were unremarkable except for mild increase in globulins. Pet was treated with IV fluids, IV antibiotics for the day, perked up, and was sent home on oral antibiotic. Pet never fully regained her appetite and owner felt she was becoming more painful and not wanting to walk. On re-exam today, pet does not want to walk, pet has thickened forelimbs bilateral from the carpus and distal. The neck also appears slightly swollen in front of shoulders. The forelimb swelling is not quite pitting edema, but definitely painful. Pet objects to flexing of carpus bilateral. No swelling noted on hind limbs. No peripheral lymphadenopathy. Recheck lab work today, still mildly elevated globulins with normal albumin. Normal CBC and renal values. Urine sedimentation has improved, no bacteria noted. Repeated chest films and included cervical films, concern for pulmonary mass effect in caudo-dorsal lung fields, additional xray of AP view of carpi included as well for review. I have a concern the swelling of the forelimbs may be hypertrophic osteopathy?

RADIOGRAPHIC STUDY OF THE THORAX & FRONT LIMBS

Right/left lateral and ventrodorsal views of the thorax and dorsopalmar view of the forearms totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

Thorax

Multiple spondyloses are seen within the caudal thoracic spine with narrow intervertebral disc spaces and vertebral end plate sclerosis.

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

A single soft tissue opaque mass is seen in the caudodorsal thorax. The mass is seen to the left of the midline in a caudal position on the orthogonal view. The remainder of the pulmonary parenchyma presents within age related normal limits.

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

Front Limbs

Generalized soft tissue swelling of both front limbs with distally increasing severity is seen.

Polyostotic periosteal new bone formation with palisading appearance is seen in both front limbs accentuating the metacarpal bones. However, also involving the phalangeal bones, as well as the radius, and ulna of both front limbs.



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RADIOGRAPHIC DIAGNOSIS

- Caudodorsal thoracic soft tissue mass.
- Bilaterally symmetric hypertrophic osteopathy with regional cellulitis in both front limbs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals a soft tissue mass in the caudodorsal thorax to the left of the midline. Pulmonary origin is considered likely. However, caudodorsal mediastinal mass cannot be ruled out entirely. Neoplasia is one primary differential diagnosis, however, abscess, granuloma, cyst, and hematoma cannot be ruled out entirely.

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The radiographic findings of the front limbs are highly suggestive for hypertrophic pulmonary osteopathy/Marie's disease, which is a generalized osteoproliferative syndrome affecting the periosteum, which develops secondary to malignant or nonmalignant disease frequently caused by neoplastic pulmonary disease.

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The thoracic mass is not readily accessible for ultrasound guided sampling and further definition by means of CT could be considered in order to plan CT guided sampling or navigate potential surgery.

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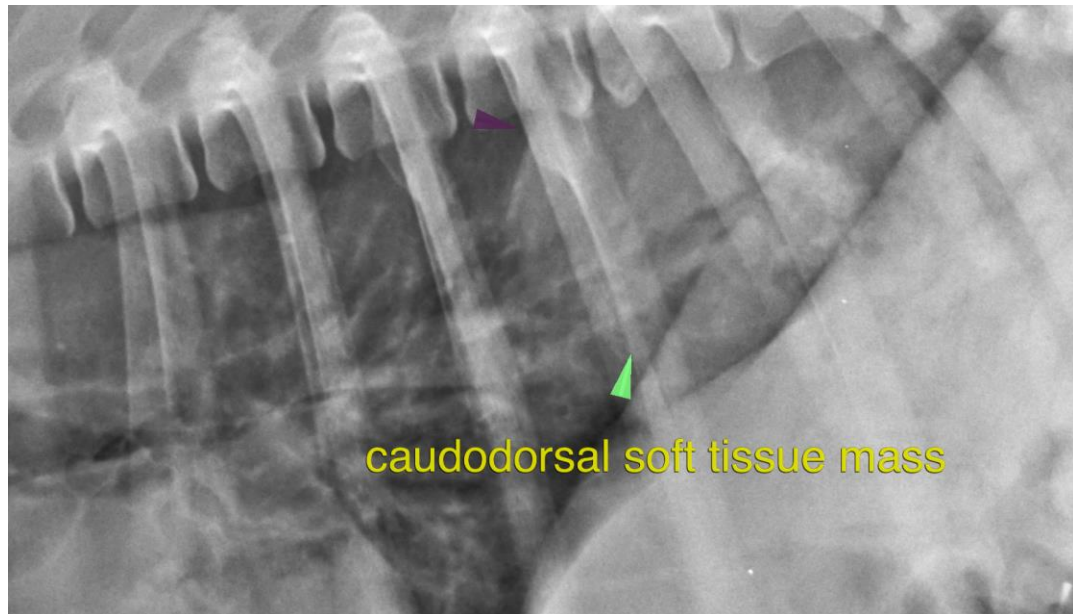
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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