



PATIENT PRESENTING CLINICAL SIGNS

Penny Loose
SPECIES Canine
BREED Bernese Mountain Dog Mastiff Mix
SEX SF
AGE 6 Years

Penny presented with a 3-4 week history of left rear leg lameness. She has had an abnormal gait for several months. X-rays were taken and a change in the bone was seen. She has been on rimadyl and methocarbamol since 6/2/22. Rimadyl is helping. Abnormal PE/Chem/CBC/UA Results: PE: ****Musculoskeletal:**** Abnormal: She is non weight bearing on the left rear leg; there is soft tissue/mass swelling wrong around the left knee; mass extends proximally up the femur; there is no drawer movement Lab: Blood work is dated 6/7/22. CBC - PCV = 51.34%, WBC = 17180, neutrophils = 14700, lymphocytes = 880, monocytes = 1400, MCHC = 28.8. Platelets = 342,000. Chemistry - normal. Urinalysis - not provided. Ultrasound tru-cut biopsy of the mass surrounding the left knee as been obtained. Synovial cell sarcoma is suspected.

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT STIFLE, THORAX, & ABDOMEN

Plain study of the thorax, plain and post contrast studies of the abdomen, and post contrast study of the left stifle available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Stifle

Severe irregular and mass like enlargement of the synovial capsule of the left stifle joint is seen. Moderate heterogeneous contrast enhancement is seen throughout the severely thickened joint capsule. There is polyostotic aggressive periarticular and articular bone lysis involving the distal femur, proximal tibia, and fibula as well as the fabellae and patella. Permeative bone lysis is seen within the medullary cavities of the distal left femur and proximal left tibia. There is a large amount of amorphous periosteal new bone circumferential to the proximal left tibia and fibula.

The left popliteal lymph node and the left subinguinal lymph node present within normal limits.

Abdomen

Severe mass like enlargement of the left hypogastric and medial iliac lymph nodes is seen. The hypogastric lymph node is rounded and measures 2.5 cm in diameter. The left medial iliac lymph node measures 8 x 4 cm. Severe heterogeneous contrast enhancement and extensive peripheral fat stranding are noted.

Up to 1.5 cm sized hyperenhancing nodules are seen throughout the spleen.

There is 1.5 cm sized cortical renal cyst in the left kidney.

A 1.0 cm sized cyst is seen in the right medial lobe of the liver to the right of the gallbladder.

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5.

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

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Jose Nunez

INVOICE

52391

DATE

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PATIENT

Penny Loose

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.

SPECIES

Canine

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

BREED

Bernese Mountain
Dog Mastiff Mix

- Mass like enlargement of the left stifle joint with aggressive articular and periarticular bone lysis meeting neoplastic criteria.
- Severe left hypogastric and medial iliac lymphadenomegaly meeting neoplastic criteria.
- Multiple splenic nodules.
- Left cortical renal cyst.
- Small liver cyst.

SEX

SF

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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The CT study reveals severe mass like enlargement of the left stifle joint with polyostotic aggressive bone lysis. Articular neoplasia is considered likely and should be considered given until proven otherwise. Differential diagnosis includes histiocytic sarcoma and less likely lymphosarcoma or synovial cell sarcoma.

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The lymph node changes within the hypogastrium are highly suggestive for round cell neoplastic infiltrate such as with histiocytic sarcoma. Final diagnosis will require sampling. Consider fine needle aspiration or biopsy of the left stifle and hypogastric lymph nodes.

The splenic nodules may represent histiocytic infiltrate; however, benign nodular hyperplasia or extramedullary hematopoiesis cannot be ruled out entirely. Consider fine needle aspiration under ultrasonographic guidance for further definition.

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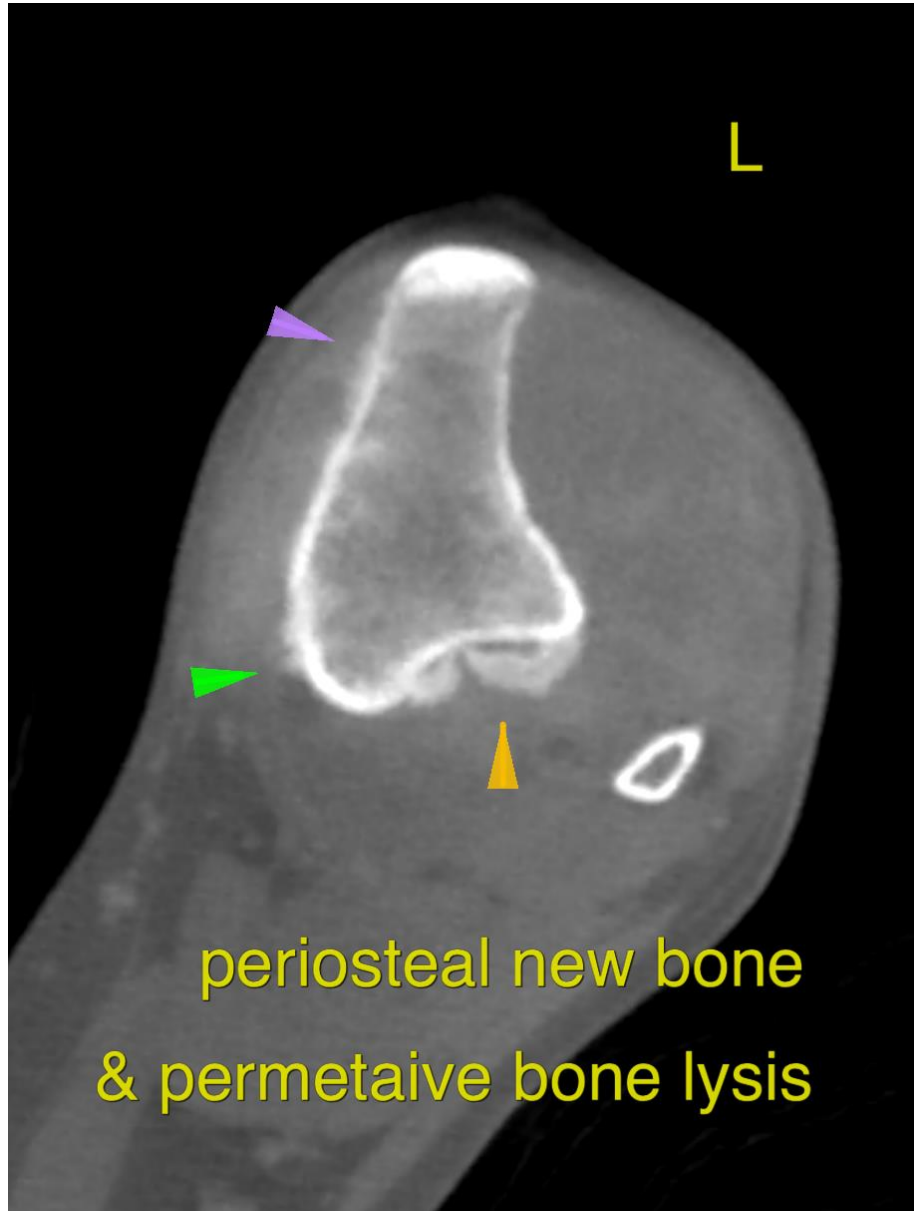
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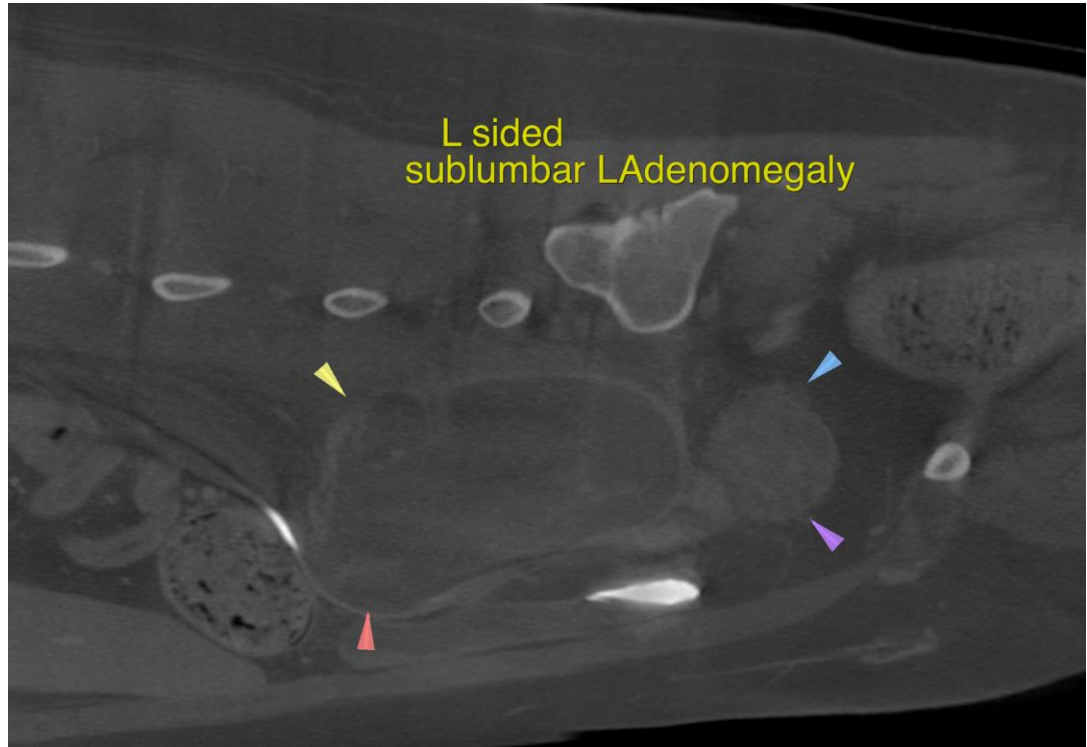
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

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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.

REFERRING VET

Jose Nunez

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