



PATIENT

Charlie Bloch

PRESENTING CLINICAL SIGNS

Lesion on right humerus. Suspected osteosarcoma.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS & THORAX

Plain and post contrast studies available for review.

BREED

Poodle

COMPUTED TOMOGRAPHIC FINDINGS

Shoulders

A monostotic aggressive osteolytic lesion is seen in the right proximal humerus. Moth eaten and permeative osteolysis is seen throughout the medullary cavity within the proximal epiphysis, metaphysis, and proximal diaphyseal third of the right humerus. Multifocal endosteal scalloping and cortical bone thinning is seen with a long and indistinct transition zone to the unaffected bone in the mid-diaphyseal third of the right humerus. A small amount of amorphous periosteal new bone is present. At this time, there is no evidence of pathologic fracture. The changes do not cross the joint. The right scapula present within normal limits.

SEX

Male Neutered

Atrophy of the right thoracic limb musculature is noted.

AGE

3 Years

Minimal enlargement of the right axillary lymph node is seen.

The right cervical lymph node presents within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

A small 1.5 cm sized lipoma is seen in the right axillary region.

Thorax

A large ring artifact is seen passing through the center of the thoracic cavity which typically is due to detector miscalibration or failure.

HOSPITAL NAME

CARE Surgery Center

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

REFERRING VET

Dr. MaryAnn
Radlinksy

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

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.

INVOICE

59145

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.

DATE

7-3-23



PATIENT

Charlie Bloch

SPECIES

Canine

BREED

Poodle

SEX

Male Neutered

AGE

3 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. MaryAnn
Radlinksy

INVOICE

59145

DATE

7-3-23

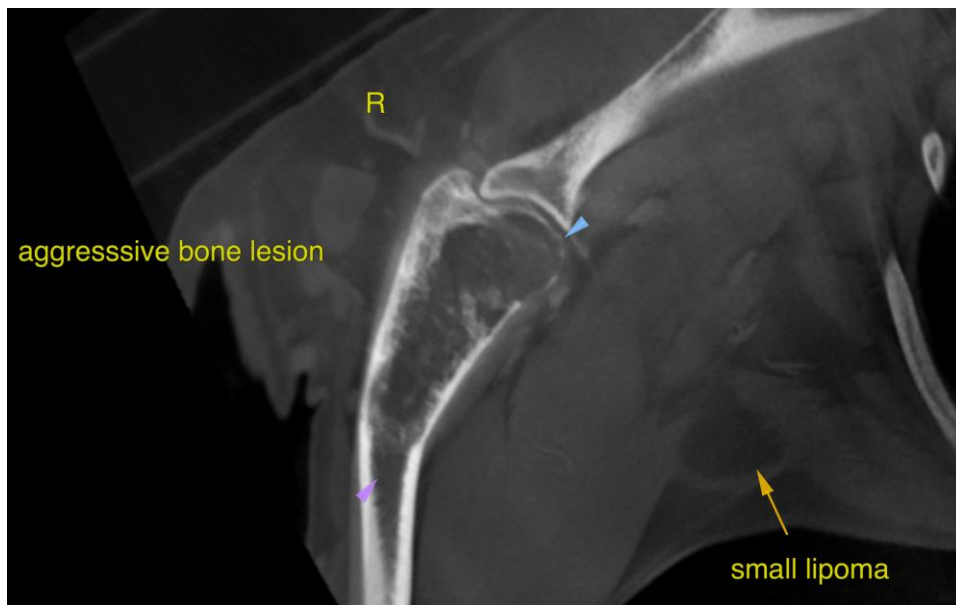
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion of the right proximal humerus.
- Minimal right axillary lymphadenomegaly
- Small lipoma in the right axillary region.
- No evidence of pulmonary metastases.
- No evidence of metastatic disease to the mediastinal lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals a monostotic aggressive osteolytic lesion within the right proximal humerus. Primary neoplasia of bone such as osteosarcoma is a primary differential diagnosis. Chondrosarcoma, fibrosarcoma, hemangiosarcoma, lymphosarcoma, and metastatic disease of another undetermined primary tumor are potential but by far less likely differential diagnoses. In theory, the possibility of fungal or bacterial osteomyelitis can never be ruled out entirely. However, this is very uncommon and considered highly unlikely here. Final diagnosis will require sampling for histology.

The changes of the right axillary lymph node are minimal and more suggestive for reactive hyperplasia than metastatic disease even though this can never be ruled out entirely. FNA could be considered for further definition even though this may be challenging owing to the fairly mild enlargement. The axillary lymph node measures 12 x 6 mm only.





PATIENT

Charlie Bloch

SPECIES

Canine

BREED

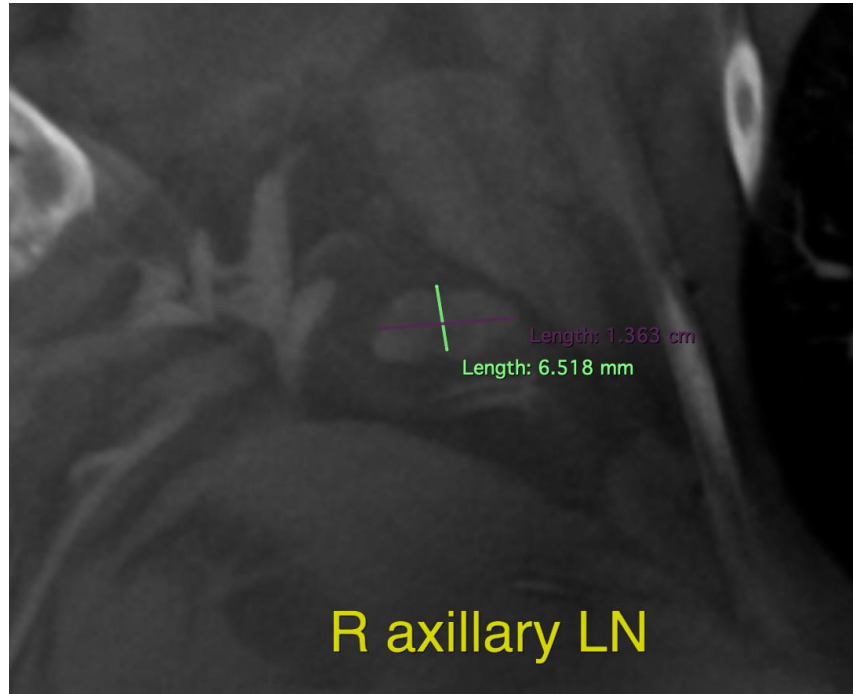
Poodle

SEX

Male Neutered

AGE

3 Years



INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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

CARE Surgery Center

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
info@sonopath.com

REFERRING VET

Dr. MaryAnn
Radlinksy

INVOICE

59145

DATE

7-3-23