



PATIENT PRESENTING CLINICAL SIGNS

Noodles Borman

Noodles presents for an Internal Medicine consult regarding intermittent swelling of his left thoracic limb. He presented to his rDVM on July 11th for swelling and bruising over the antebrachium (lower part of the front leg). Lab work and radiographs obtained on this date were within normal limits. Tension relieving punctures were placed and he was sent home on antibiotics and an NSAID, the swelling and bruising was significantly better. On August 2nd, the problem acutely recurred in the brachium (upper part of the front leg). Repeat lab work and radiographs including the chest were unremarkable. Abdominal ultrasound was preformed by his rDVM and was also unremarkable. He has not had a fever throughout his veterinary visits. Cytology was obtained on August 2nd via ultrasound guided aspiration. The results showed primarily blood and were not definitively diagnostic. He was seen at SOVSC with the Emergency service yesterday (8/14) and found to have lameness in left thoracic limb with firm swelling in axilla that is uncomfortable on palpation. A dose of methadone at 0.2mg/kg was administered intravenously and he was sent home with oral codeine and 90mg every 8 hours. His pain medications have not helped his comfort level at home. The last couple of nights he has started crying through the night and waking up from the pain. The size of the swelling has been increasing and they are starting to feel it in his chest and axillary region (armpit). He lives in town in Yreka, there are foxtails on the property, he does enjoy laying outside in the grass and they do see black widows, brown spiders, and other spiders around the house and occasionally inside. He does go hiking, but has gone less this year. He does get some ticks, but does get flea and tick preventative in the spring, his people think it is likely out of his system by now. There is one other dog in the house and they play fairly gently together. Earlier this summer in July he had a brief episode of limping that self resolved. Noodles is otherwise doing well at home and is eating, drinking, and going to the bathroom normally. He is not experiencing any coughing, sneezing, vomiting, or diarrhea. His diet is Blue Buffalo Senior formula. Past medical history. Earlier in the year, had an apparent allergic reaction but the cause was not determine. Also has elbow arthritis. Travel history - road trip to east coast (MA - cape cod) a couple of times. Last time was about 2 years ago. Also travelled to CO. Noodles is currently taking: Carprofen 100mg 1 pill twice daily Codeine 90mg every 8 hours Cosequin Fish Oil

Abnormal PE/Chem/CBC/UA Results: GA - BAR, nice disposition CV/R - NSR, NM, PSS, mm pk, moist, CRT 1-2s, panting with normal effort, lungs clear on auscultation GI/ GU - abd SNP, no masses or fluid wave palpated, interstitially well hydrated, external genitalia normal MSI: amb x 4, BCS 5/9 with full coat, normal muscle mass, lame left forelimb, mass effect left axillary region, skin is bruised and swollen in the right axillary/thorax/medioscaudal brachium. There is mild pitting edema left antebrachium as well. EENT - No d/c OU/AU/nares Neuro - normal mentation, pupils symmetrical and responsive to light, no ataxia noted, full neuro exam not done PLNs - all palpate normally

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Kim Winters

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX & LEFT SHOULDER

Plain and post contrast studies of the thorax and post contrast study of the left shoulder are available for review.

INVOICE

59710

COMPUTED TOMOGRAPHIC FINDINGS

Left Shoulder

DATE

8-15-23

An approximately 12 x 5 cm sized ovoid mass is seen medially adjacent to the left humerus. The lesion margins are ill-defined. Nonuniform contrast enhancement is noted. The underlying medial cortex of the left humerus presents permeative lysis as well as amorphous periosteal new bone



PATIENT

formation.

Noodles Borman

The left axillary lymph node presents within normal limits.

SPECIES

Thorax

Canine

The sternal and mediastinal lymph nodes present within normal limits.

A single 5mm sized interstitial pulmonary nodule is seen in the right cranial lung lobe.

BREED

A 2 cm sized heterogeneously enhancing expansile nodule is seen within the right supraspinatus muscle. See image below.

Lab Mix

L2/3 and L3/4 present severe spondylosis deformans.

SEX

COMPUTED TOMOGRAPHIC DIAGNOSIS

Male Neutered

- Large soft tissue mass medial to the left humerus with secondary aggressive bone lysis.
- Expansile intramuscular nodule within the right supraspinatus muscle with heterogeneous contrast enhancement.
- Single interstitial pulmonary soft tissue nodule within the right cranial lung lobe.

AGE

9 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The CT findings are highly suggestive for malignant soft tissue neoplasia medial to the left humerus. Soft tissue sarcoma such as hemangiosarcoma or other is considered by far most likely. Note the presence of aggressive osteolytic changes in the medial contour of the left humerus.

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The expansile nodule within the right supraspinatus muscle is considered suggestive for metastases. Organizing hematoma is a theoretical but by far less likely differential diagnosis. Final diagnosis will require sampling.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

The single interstitial pulmonary nodule within the right cranial lung lobe is likely to represent metastases. Fibrotic nodule, pneumonic nodule, abscess, or granuloma cannot be ruled out entirely.

REFERRING VET

Kim Winters

INVOICE

59710

DATE

8-15-23



PATIENT

Noodles Borman

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

9 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

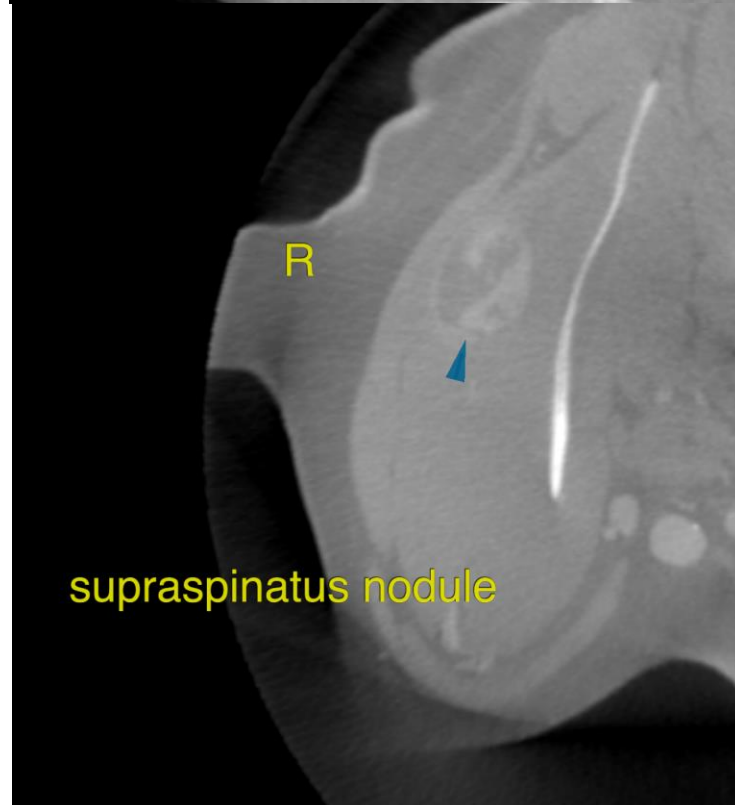
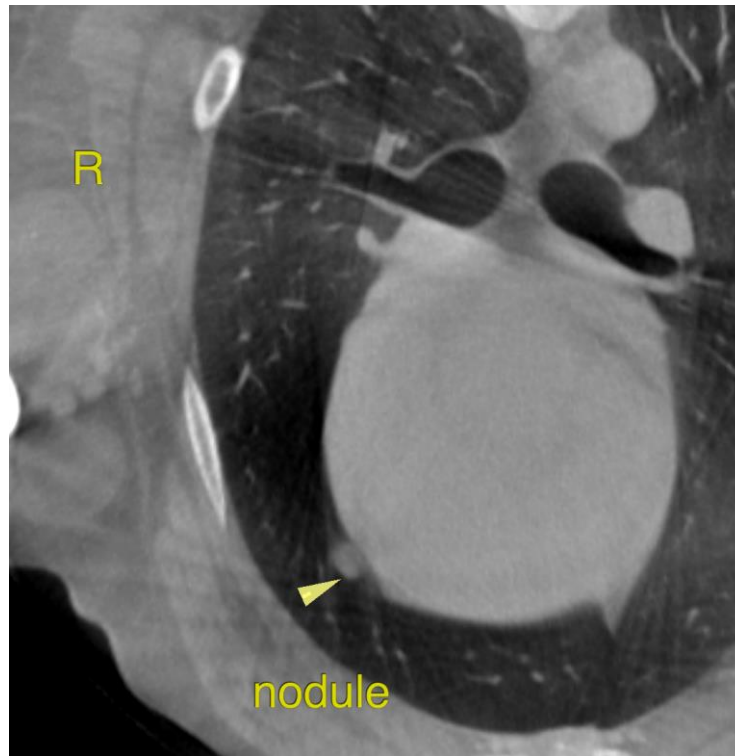
Kim Winters

INVOICE

59710

DATE

8-15-23





PATIENT

Noodles Borman

SPECIES

Canine

BREED

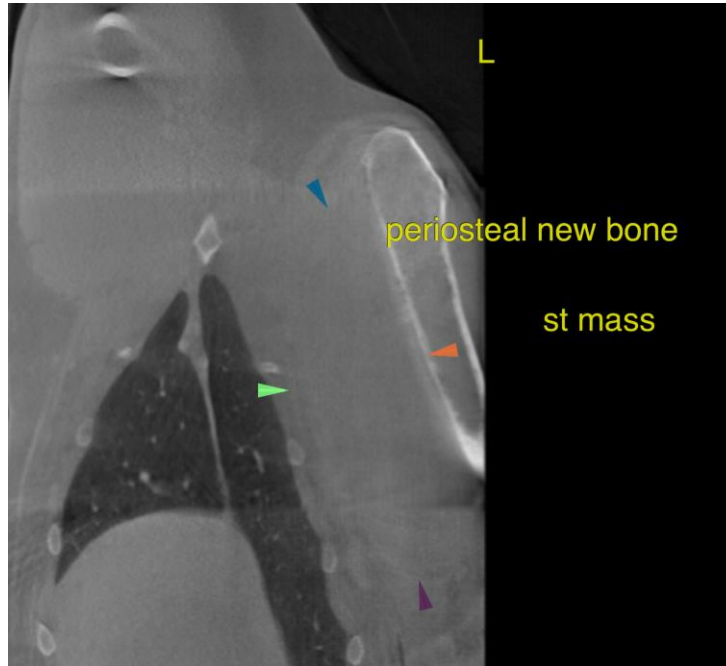
Lab Mix

SEX

Male Neutered

AGE

9 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

Southern Oregon
Veterinary Specialty
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

Kim Winters

INVOICE

59710

DATE

8-15-23