



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ryder Thorne
SPECIES Canine
BREED Rottweiler X

Presented to the Toronto Animal Health Partners Surgery Service for concern of a mass on his right pelvic region. He originally presented to Taunton Road Animal Hospital on July 7 2023 for a history of difficulty getting up and lumps. He had progressive LPL lameness. The masses are suspected to be benign and it was recommended to start glucosamine (Cosequin), omega 3 FA (~3,000 mg per day up to 4000 mg), exercises, heat therapy prior to massage of lower back, hips, HL's & FL's (prophylactic-compensatory), short walks (10-15 minutes) 3-4 times per day, weight loss - ideally lose at least 10-15 lbs next-LASER. He presented back on July 27, 2023 for worsening lameness. Radiographs and bloodwork were performed at that time. Radiographs were concerning for a mass involving the pelvis.
 Abnormal PE/Chem/CBC/UA Results: BW: mild anemia RBC 5.57, hct 37% Subcutaneous Masses? Location? Right of the anus, very firm and large 10cm diameter Rectal: Abnormal rectal exam- large firm mass on right side of anus.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, ABDOMEN, & PELVIS

SEX MN
 Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

AGE Pelvis

AGE 8 Years
INTERPRETED BY Nele Eley, DVM
 Dr. med. Vet. DipECVDI

A large expansile osteoproliferative and osteolytic mass of the right caudal hemipelvis is seen mainly involving the sciatic bone. The transition zone to the unaffected bone however is long and indistinct and blends into the pubic and iliac bones as well. Permeative lysis, multiple cortical bone defects, and expansile new bone formation are seen. The expansile component of the mass has a severe mass effect and causes the rectum to shift towards the left hand side.

The bilateral coxofemoral joints reveals signs of moderate to severe coxofemoral joint osteoarthritis with vacuum phenomenon.

HOSPITAL NAME

Animal Health Partners

Degenerative lumbosacral stenosis and multiple mild spondyloses are seen.

Abdomen

REFERRING VET

Dr. Debbie Reynolds

Multiple variably sized and variably enhancing nodules and masses of the liver of up to 3 cm size are seen. Some of the nodules present tortuous tumor feeding vessels.

The kidneys, adrenal glands, and spleen present within normal limits.

The abdominal lymph nodes present within normal limits.

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Thorax

Multiple small interstitial pulmonary nodules are distributed throughout the parenchyma of all lung lobes.

DATE

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The mediastinal lymph nodes present within normal limits.

No obvious cardiovascular pathology is seen.



PATIENT

Ryder Thorne

Degenerative changes of the vertebrae as well as mild osteoarthritis of the bilateral shoulders with mineralizing right supraspinatus tendinopathy are noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

SPECIES

Canine

- Large expansile osteoproliferative and osteolytic aggressive mass of the right sciatic bone narrowing the pelvic diameter.
- Multiple hepatic nodules and masses meeting metastatic criteria.
- Multiple pulmonary interstitial nodules meeting metastatic criteria.
- Bilateral coxofemoral joint osteoarthritis.
- Degenerative lumbosacral stenosis
- Bilateral shoulder osteoarthritis.

BREED

Rottweiler X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

MN

The CT findings are compatible with a primary osseous neoplasia of the pelvis. Osteosarcoma with periosteal extension is considered most likely. Chondrosarcoma and other osseous neoplasia cannot be ruled out entirely. Final diagnosis would require sampling for histology.

AGE

8 Years

The mass would be resectable by hemipelvectomy; however, the findings of the liver and lung are highly suggestive for metastatic spread and the nodules and masses should be considered compatible with metastases until proven otherwise.

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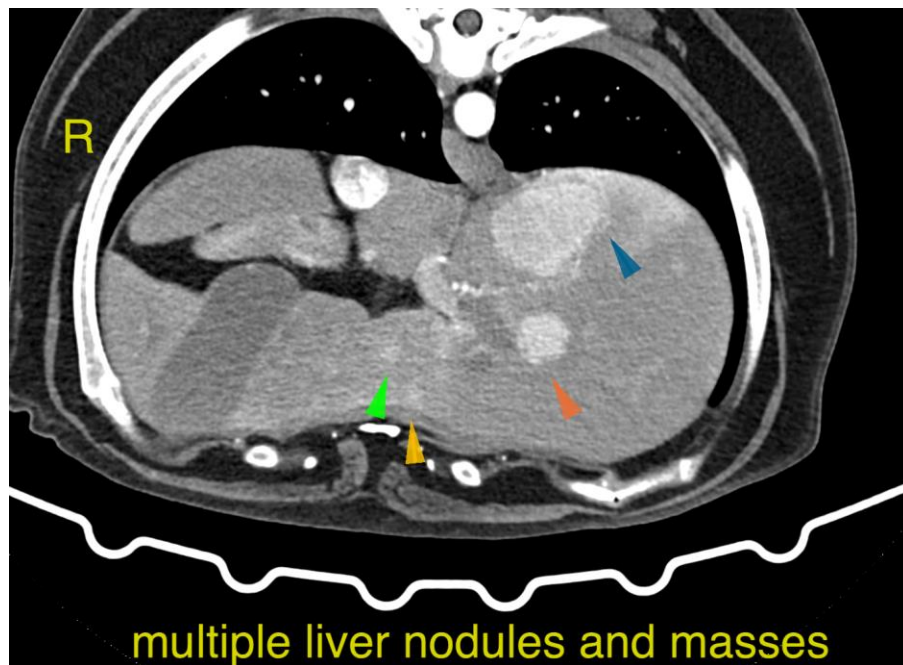
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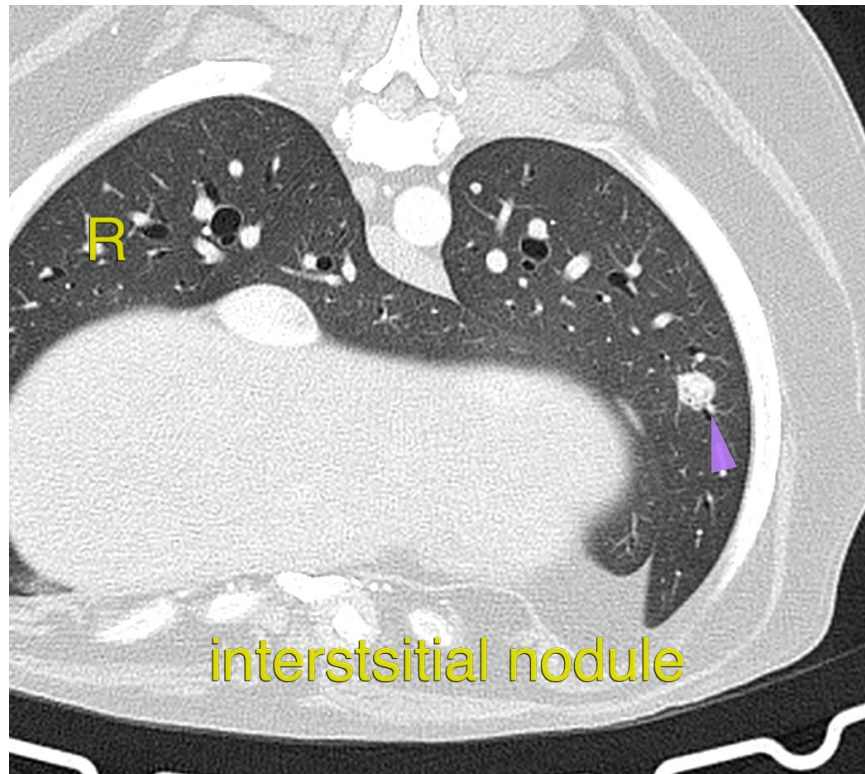
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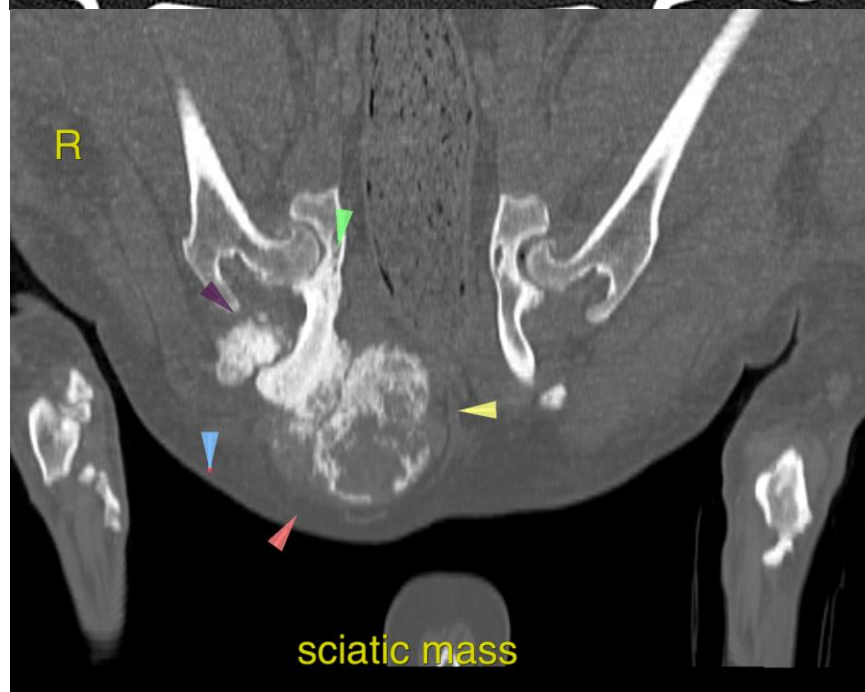
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interstitial nodule



sciatic mass



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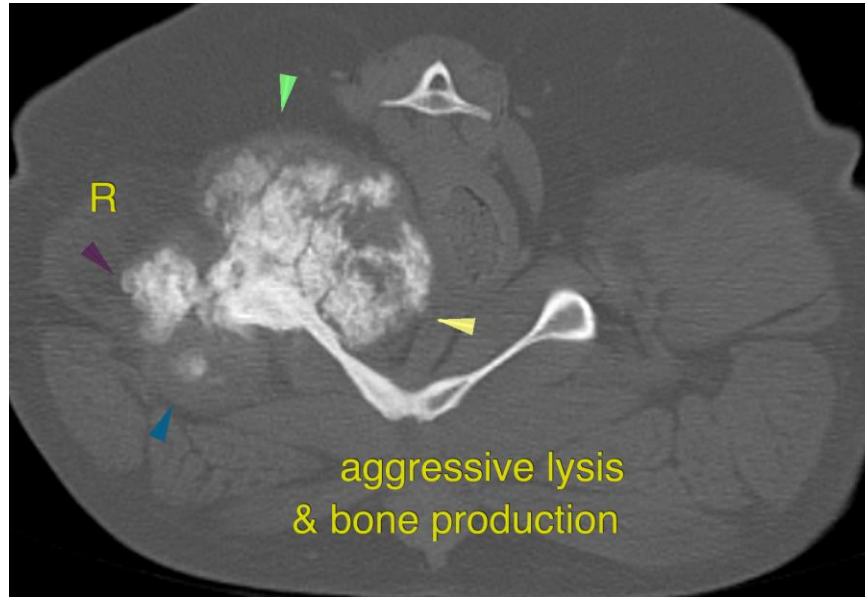
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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