



PATIENT

Cameo Rosa

PRESENTING CLINICAL SIGNS

Patient presented for lameness evaluation since June left frontlimb. Patient has been on Rimadyl, Gabapentin and Adequan inj. improves and relapsed.. Start on physical therapy and doesn't have improvement necessary.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS

Plain and post contrast studies of the shoulders available for review.

BREED

Golden Retriever Mix

COMPUTED TOMOGRAPHIC FINDINGS

Permeative osteolysis is noted within the proximal left humerus extending from the proximal metaphysis into the proximal epiphysis and diaphysis with long and indistinct transition zones. Multiple endosteal and cortical bone defects are seen. There is a large amount of amorphous periosteal new bone. Heterogeneous peripheral and internal contrast enhancement are noted.

SEX

NM

The muscle volume of the left thoracic limb is severely reduced.

AGE

11 Years

Moderate enlargement of the left axillary lymph node is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion of the left proximal humerus.
- Moderate left axillary lymphadenomegaly.
- Disuse atrophy of the left front limb musculature.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Veterinary Image Center

The CT study reveals a monostotic aggressive osteolytic lesion of the left proximal humerus. Primary neoplasia of bone such as osteosarcoma or chondrosarcoma is considered by far most likely. The possibility of metastatic disease of another primary tumor and fungal osteomyelitis cannot be ruled out entirely. Final diagnosis will require sampling for histology. Obtaining bone biopsies could be discussed with the owner as well as full staging.

REFERRING VET

Dr. M. Davila, DVM

The axillary lymphadenomegaly may represent reactive hyperplasia; however, early metastatic disease should be ruled out by means of fine needle aspiration of the left axillary lymph node.

INVOICE

53224

DATE

8-2-22



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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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