



**PATIENT PRESENTING CLINICAL SIGNS**

Helicase Butler Excruciating pain the left humerus. X ray revealed a mass on the proximal humerus, evaluate lungs if they are still metastasis-free and a growth on the right flank that could be compatible with steatosis, but requires further evaluation.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: WNL

Canine **COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS, THORAX, & PELVIS**

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

**BREED** **COMPUTED TOMOGRAPHIC FINDINGS**

Mixed

**Shoulders**

**SEX** The CT study reveals an aggressive osteolytic lesion in the proximal and mid diaphyseal third of the right humerus. A long transition zone to the unaffected bone in the proximal metaphysis and distal diaphysis is seen. Permeative lytic changes and extensive cortical defects are noted. There is amorphous periosteal new bone formation. The changes do not involve other bones.

Male Neutered

**AGE** The right axillary lymph node is mildly enlarged.

13 Years

**Thorax**

Multiple subcutaneous and intermuscular lipomas are seen.

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

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.

The cardiovascular structures including the pulmonary vasculature are within normal limits. Incidental mineralization of the aortic annulus is noted.

**HOSPITAL NAME**

Mobile Pet Imaging

There is no evidence of interstitial pulmonary nodules or masses. Moderate atelectatic changes of the lung are seen in their dorsal left aspect.

**REFERRING VET**

Villasmil

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

A 9mm sized nodule is seen in the cranial pole of the right adrenal gland.

**INVOICE**

59626

The bilateral kidneys present multiple cortical renal infarcts and a reduced heterogeneous nephrogram.

Multiple hyperenhancing splenic nodules are seen.

**Pelvis**

**DATE**

8-2-23

Moderate lumbosacral intervertebral disc protrusion with spondylosis deformans is noted.

**PATIENT**

Helicase Butler

Multiple small and large subcutaneous and intermuscular lipomas are seen.

**COMPUTED TOMOGRAPHIC DIAGNOSIS****SPECIES**

Canine

- Monostotic aggressive osteolytic lesion of the right humerus.
- Mild right axillary lymphadenomegaly.
- No evidence of pulmonary or mediastinal metastases.
- CT signs of chronic renal disease, bilaterally.
- Multiple small and large subcutaneous and intermuscular lipomas.
- Cranial pole nodule of the right adrenal gland.
- Moderate degenerative lumbosacral stenosis.
- Splenic nodules.

**BREED**

Mixed

**SEX**

Male Neutered

**AGE**

13 Years

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals a monostotic aggressive osteolytic lesion of the right humerus. Primary neoplasia of bone is a differential diagnosis. However, secondary neoplasia such as metastases of an undermined primary tumor should be considered a potential as well since the location and the pattern of the lytic changes is not entirely typical for primary osseous neoplasia. Fungal osteomyelitis is a low potential but can never be ruled out entirely. Consider biopsy for further definition. At this time, there is no evidence of pathologic fracture; however, the bone is certainly prone to fracture.

The changes of the right axillary lymph node are equivocal for reactive hyperplasia or early metastatic disease. FNA recommended for further definition.

**INTERPRETED BY**Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

At this time, there is no evidence of pulmonary metastases or metastases to the mediastinal lymph nodes.

Note the presence of degenerative lumbosacral stenosis. Clinical significance is not necessarily given; however, should amputation be an option, this should be taken into account.

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

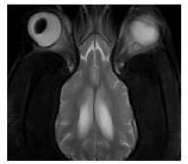
Villasmil

**INVOICE**

59626

**DATE**

8-2-23



**PATIENT**

Helicase Butler

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Male Neutered

**AGE**

13 Years

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

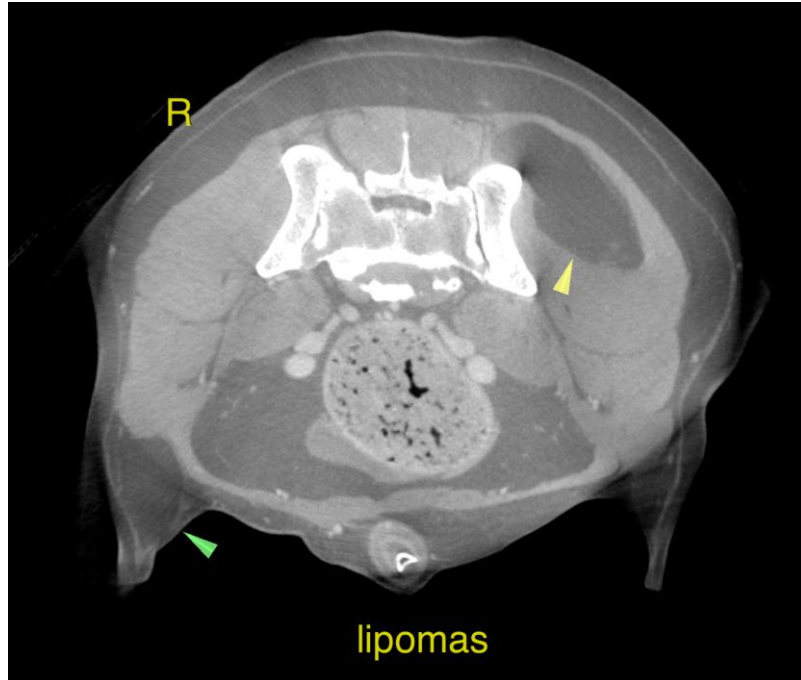
Villasmil

**INVOICE**

59626

**DATE**

8-2-23



**PATIENT**

Helicase Butler

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

**SPECIES**

Canine

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.

**BREED**

Mixed

**Nele Eley (Ondreka)**, 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](mailto:info@sonopath.com)

**SEX**

Male Neutered

**AGE**

13 Years

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Villasmil

**INVOICE**

59626

**DATE**

8-2-23