



PATIENT PRESENTING CLINICAL SIGNS

Dallas Collazo

Dallas is a 6 YO MN mixed breed who was presented for not walking, lethargy and weakness for the last three days. Pet was seen here (AEHD) yesterday, prescribed medications and referred to IM/Oncology. O is unable to see specialist at this time due to being full. O notes pet has not gone to the bathroom in several days since this started. No V/D, decreased appetite. Bloodwork yesterday showed concerned for neoplasia (cancer).

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Hindlimb weakness with severe hyperextension of the right tarsus and sporadic spastic episodes of the right hindlimb Hypercalcemia, Hyperglobulinemia; R/O neoplasia vs other Radiology report conclusion: Unremarkable thorax. Gastric contents most consistent with ingesta. A combination with foreign material cannot be ruled out but is considered unlikely given the lack of reported vomiting. Otherwise, unremarkable abdomen. Changes at the level of L6 possibly secondary to previous trauma at this level or from previous spondylitis. An active infection at this level or a neoplastic process (unlikely) cannot be completely ruled out. Otherwise, no obvious abnormalities are seen affecting the spine. Please note that this do not rule out a myelopathy as compression of the spinal cord or nerve roots cannot be diagnosed using plain radiography. If the clinical signs persist despite medical treatment and rest, and if a myelopathy is suspected, cross-sectional imaging of the spine using CT or MRI could be considered for further evaluation. Ultrasound Report Conclusion: 1. Mild hepatomegaly with diffuse hepatopathy and multifocal nodules 2. Mild splenomegaly with diffusely abnormal architecture 3. Mild bilateral chronic renal degeneration These findings are nonspecific. The hepatopathy is most likely due to a vacuolar hepatopathy with nodular hyperplasia. This can be seen with metabolic disease. Infiltrative disease such as round cell neoplasia is also possible. The changes in the spleen are nonspecific. This could be due to congestion from sedation, extramedullary hematopoiesis, or infiltrative neoplasia such as a round cell tumor. Fine-needle aspiration of the liver and spleen can be considered to further assess this patient and rule out underlying neoplasia. A cause for pain is not evident. Chem: ALB 4.7 (2.5-4.0) TP > 11.0 (5.5-7.6) Ca > 15.3 (9.0-12.2) TCHO 75 (120-310) GLOB too high to read Bence Jones Urinalysis - negative

BREED

Mix

SEX

MN

AGE

6yr

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Emergency
Hospital Deland

COMPUTED TOMOGRAPHIC STUDY OF THE WHOLE BODY

Plain and post IV contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Multiple highly aggressive osteolytic lesions are seen throughout the cervical, thoracic and lumbar spine as well as within the pelvis and scapulae. The osteolytic lesions within the 4th, 6th and 7th lumbar vertebra invade the vertebral canal and caudal spinal cord or severe cauda equina compression. There is a lumbosacral transitional vertebra.

REFERRING VET

Dr. Kari Lemanski

INVOICE

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Multiple abdominal lymph nodes including the portal lymph nodes, multiple superficial lymph nodes including the axillary, cervical and sternal lymph nodes are moderately enlarged and rounded.

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08/04/2023

Moderate generalized hepatomegaly with multiple variably enhancing nodules is seen.



PATIENT

Moderate splenomegaly with multiple small hypoenhancing nodules is noted.

Dallas Collazo

The lung and bronchial tree present within normal limits.

SPECIES

No evidence of cardiovascular pathology is found.

Canine

Both lobes of the thyroid gland are seen and present within normal limits.

The anal glands present within normal limits. q

BREED

No evidence of brain pathology is found.

Mix

A moderate amount of soft tissue swelling with fat stranding and fluid accumulation is seen in the right lateral thoracic wall.

SEX

COMPUTED TOMOGRAPHIC DIAGNOSIS

MN

- Polyarthrotic aggressive osteolytic lesions of the spine, pelvis and scapulae with severe cauda extradural compression of the spinal cord and cauda equina within the lumbar spine.
- Moderate hepatomegaly with multiple nodules.
- Moderate splenomegaly with multiple nodules.
- Multifocal superficial and deep lymphadenomegaly.
- Fluid accumulation within the right thoracic wall- iatrogenic vs paraneoplastic vs hemorrhage vs cellulitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT findings are highly suggestive for multiple osseous neoplasia such as multiple myeloma, plasmacytoma or lymphosarcoma. Metastases of an undetermined primary tumor and primary polyarthrotic osteosarcoma cannot be ruled out entirely but are thought less likely.

The findings furthermore suggest very high odds for involvement of the liver and spleen as well as multiple superficial and deep lymph nodes.

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Further definition by means by sampling could be considered.

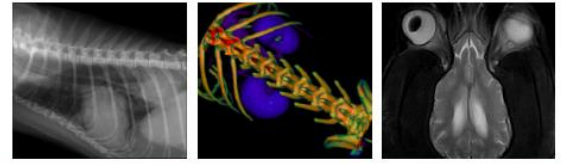
The prognosis is guarded however, the differentiation of the type of tumor would allow to establish a more accurate prognosis and to determine potential treatment options.

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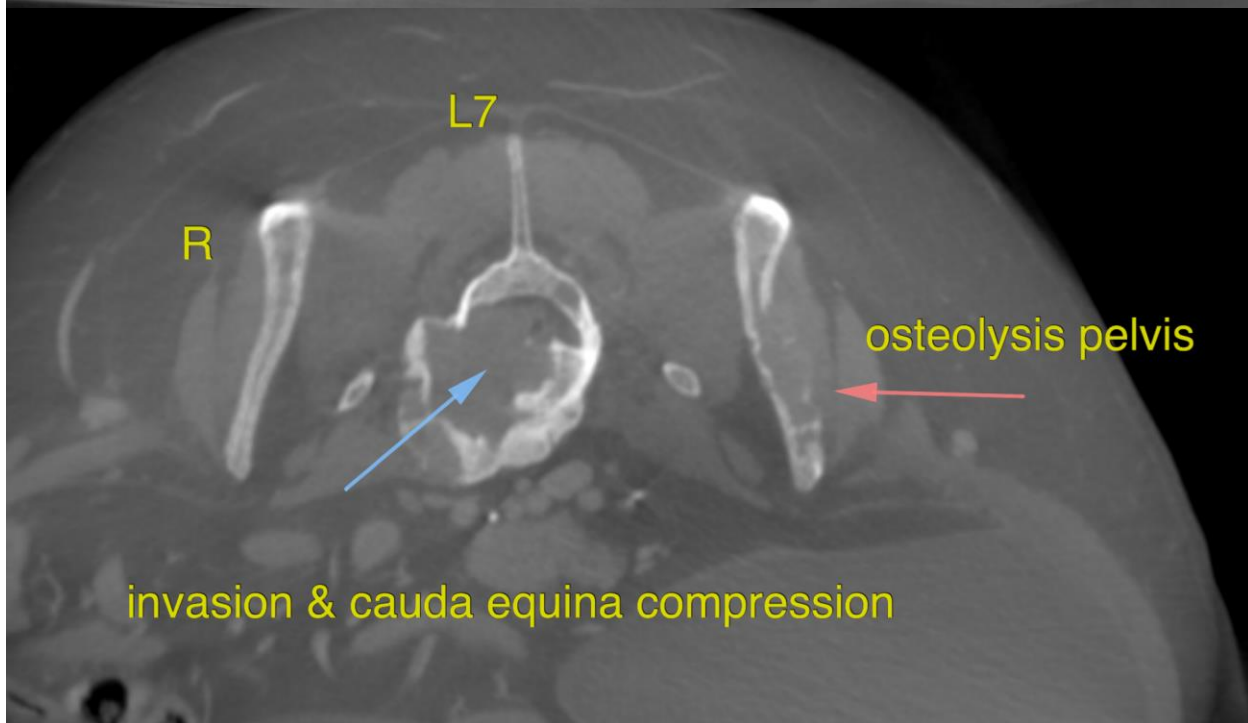
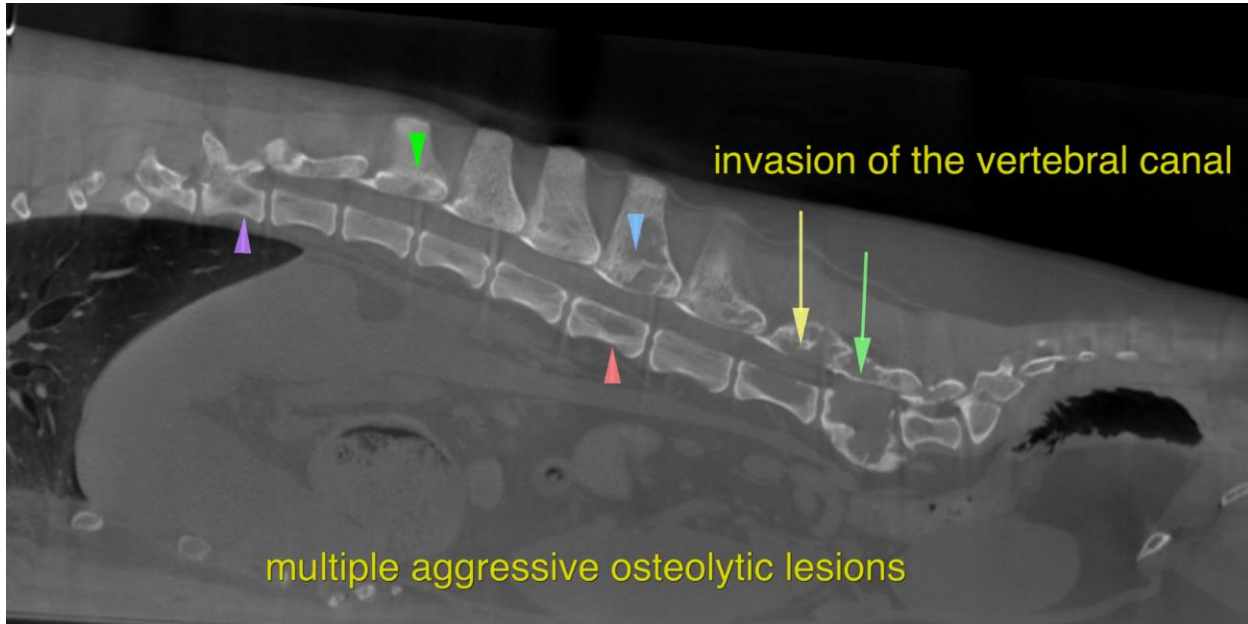
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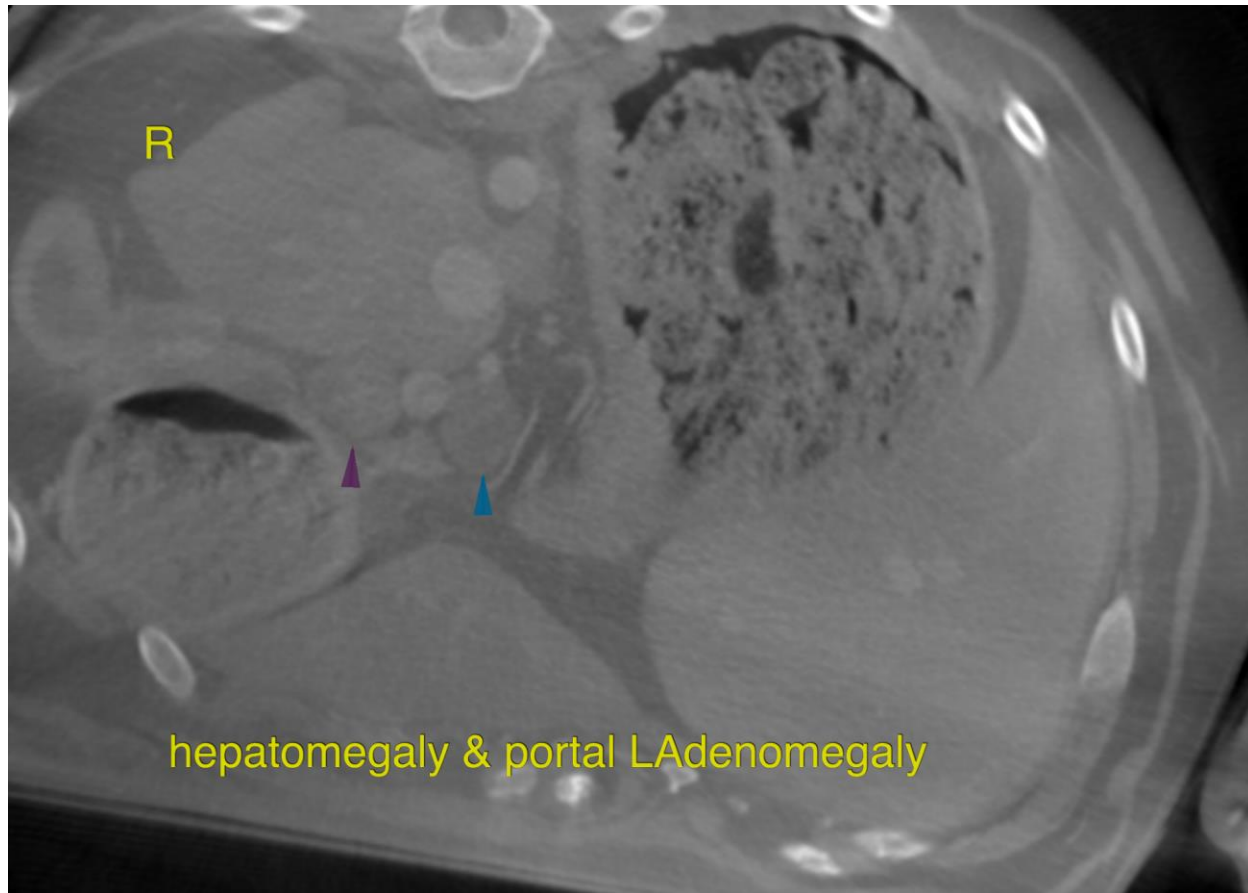
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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