



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Trigger Campbell
SPECIES Canine
BREED Labrador Retriever
SEX Neutered Male
AGE 8 Years

History: Trigger presented with a 4-6 week history of acute onset lameness of the right front leg. The owner reports the lameness is progressive. Pain was previously identified in the right shoulder. Radiographs showed mineralization of the supraspinatus tendon. There are times when his lameness is worse than at other times. He is currently on gabapentin 800 mg b.i.d. and carprofen 100 mg b.i.d. The pain medications are helping. Appetite and activity are normal. Blood work is dated 8/30/21. CBC - PCV = 54.9%, WBC = 8110, neutrophils = 5240, lymphocytes = 1990, monocytes = 380. Platelets 250,000. Chemistry - T. Bili = 2.0, all else is normal. T4 = 1.8.

Abnormal PE/Chem/CBC/UA Results: Ultrasound Findings: The ventral neck is imaged. A well defined mass measuring 68.6 x 42.0 mm in the sagittal plane and 48.6 x 41.2 mm in the transverse plane arises from the area of the right thyroid gland. The mass is heterogenous and has a moderate blood supply. The trachea lies medial to the mass the the carotid artery lies lateral. The left thyroid gland is homogenous and echogenic measuring 41.5 x 9.9 mm. There is no normal appearing right thyroid gland.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & RIGHT SHOULDER

Right Shoulder:

The caudal humeral head presents marked sclerosis of the medullary cavity with lytic lesions of the more lateral subchondral bone surface. At this level multiple partially dislocated fragments are recognized. There is only mild periosteal reaction noted. The supraspinatus insertion reveals prominent metaplastic calcifications.

INTERPRETED BY

Sebastian Jawinski,
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 in Diagnostic Imaging

Mild articular swelling is present.

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The right thyroid gland is prominently enlarged presenting an oval shape and irregular definition of the margins measuring 5.87 x 4.47 cm. There is good perfusion recognized with multiple peripheral vessels. At the level of the caudal tip a hypertrophic vessel is seen with mild protruding of the surface and suspected filling defect running caudally to the thoracic inlet.

The left thyroid gland is inconspicuous with diameters of 3.2 x 0.91 cm.

REFERRING VET

Scott Matheson

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mixed lytic/sclerotic lesion of the caudal humeral head with suspicion of a neoplastic process and secondary pathologic joint fracture
- Neoplasia of the right thyroid gland
- Metaplastic calcifications of the supraspinatus insertion as an incidental finding

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9/1/21



PATIENT

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The osteolytic/sclerotic pattern, the mild periosteal irregularities and the fracture of the subchondral bone speak for an aggressive and malignant bone neoplasia of the right proximal humerus such as osteosarcoma in loco typico. Differentials include but are not limited to other aggressive bone lesions caused by metastasis or severe osteomyelitis. For a confirmation of the radiographic assumed diagnosis biopsy is needed. However, consider that bone biopsy often does not reflect reality and verified diagnosis is a matter of clinical presentation and follow up radiographs. I would rule out osteomyelitis in this case.

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The right thyroid neoplasia likely represents thyroid carcinoma in terms of size, perfusion, local invasion/discontinuity of the capsule and the invasion of the caudal vessel. Infiltration of carotid artery and the trachea are currently not detected.

Consider chest rads/chest CT for further evaluation.

SEX

Neutered Male

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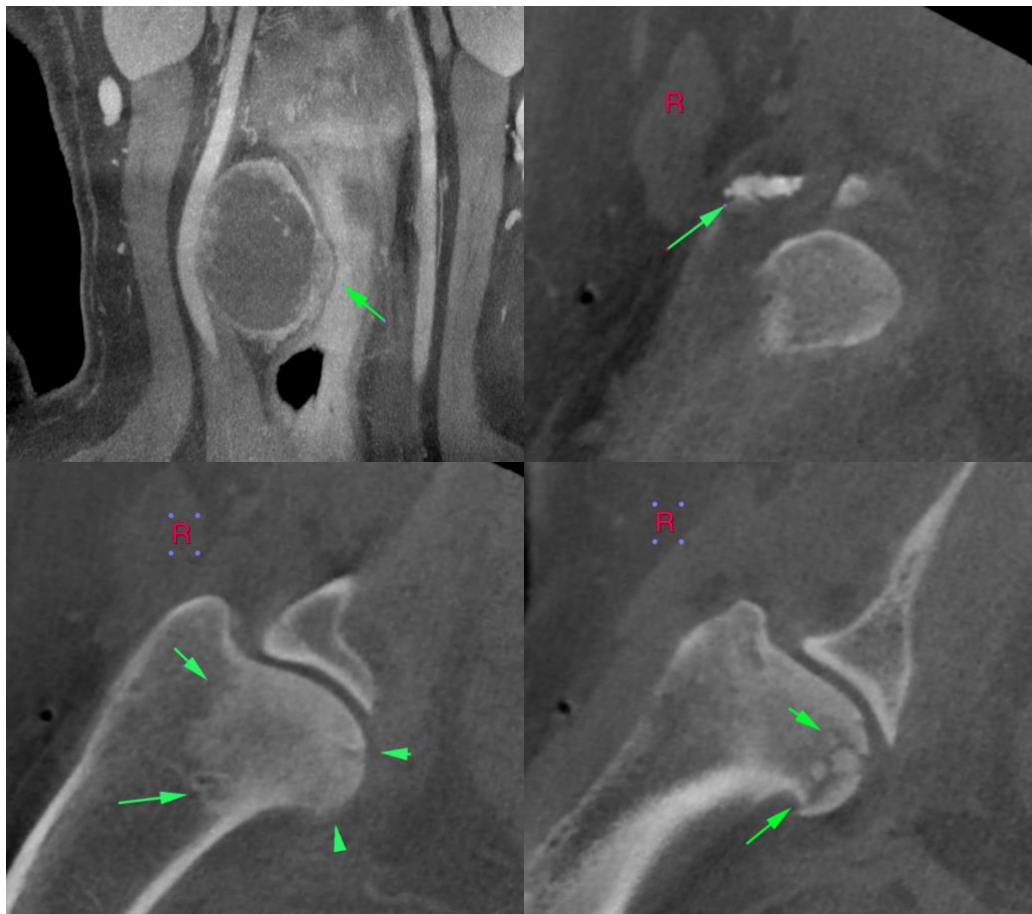
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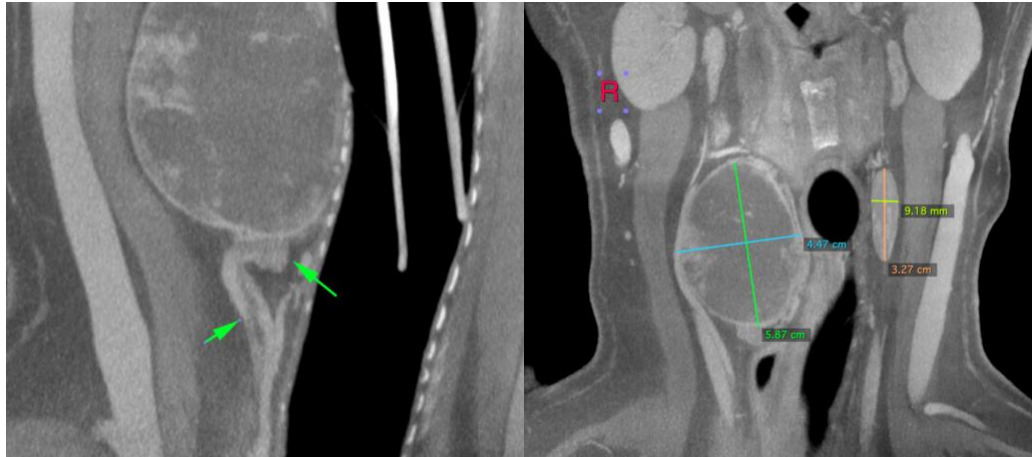
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

AGE

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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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