



**PATIENT PRESENTING CLINICAL SIGNS**

Winter Leve Firm mass R lateral antebrachium to scapular ridge noticed Dec 30/21 - limping on that leg. Winter was seen by East York Animal Clinic. X-rays show no bony invasion of mass. suspect mass under muscles of scapula FNA - lipoma Jan 6/21. Owner reported dramatic increase in size leg now non weightbearing, shakes a lot, and will not lie on that side . CT performed Jan 13/22 - suspected not to be a lipoma STAT interpretation please

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX & FRONT LIMBS**

**BREED**

Husky X

A pre- and post-contrast CT study of the thorax and front limbs in a bone, lung and soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

MN

Centered on the proximal segment of the right scapula, a multilobulated soft tissue attenuating and heterogeneous contrast enhancing mass is visible. The proximal segment of the right scapula presents an ill-defined zone with aggressive osteolytic lesions with sunburst like periosteal new bone formation.

**AGE**

10 Years

A plaque like cutaneous mass is seen at the lateral aspect of the olecranon.

A small isolated osseous fragment is seen at the tip of the medial coronoid process of the left elbow joint, measuring 1 mm in size.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

A small lipoma is seen at the caudal aspect of the scapula, medial to the latissimus dorsi muscle measuring 3.6 cm in size.

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 is uniform and considered within normal limits.

**HOSPITAL NAME**

Animal Health Partners

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

**REFERRING VET**

Dr. Jeffery Biskup

In the cranial part of the left cranial lung lobe, a well-defined, soft tissue attenuating nodule is visible, measuring 3 mm in diameter.

**INVOICE**

49534

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

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**DATE**

1-13-22

- Monostotic aggressive mixed osteolytic and osteoproliferative lesion proximal segment of right scapula – most pronounced region of infraspinatus fossa
- Solitary pulmonary nodular lesion left cranial lung lobe
- Suspect coronoid pathology left elbow joint without overt degenerative changes
- Non-specific cutaneous mass lateral aspect right elbow joint



**PATIENT**

- Small lipoma caudal aspect right scapula

Winter Leve

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are consistent with primary osseous neoplasia of the right scapula, differentials include chondrosarcoma, osteosarcoma, fibrosarcoma, other. Repeating FNA sampling/biopsy might be used to confirm the diagnosis.

**SPECIES**

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The solitary pulmonary nodule is equivocal for benign pulmonary lesion – such as granuloma, fibrosis, pulmonary cyst, mucus impaction – or metastasis. Follow up radiographs or CT study in 4-6 weeks might be used for further definition.

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Limb sparing technique by partial scapulectomy of the proximal two thirds of the right scapula as limb sparing technique or amputation of the right front limb including scapulectomy are potential treatment options. The chances of adjuvant chemotherapy should be discussed with oncologist.

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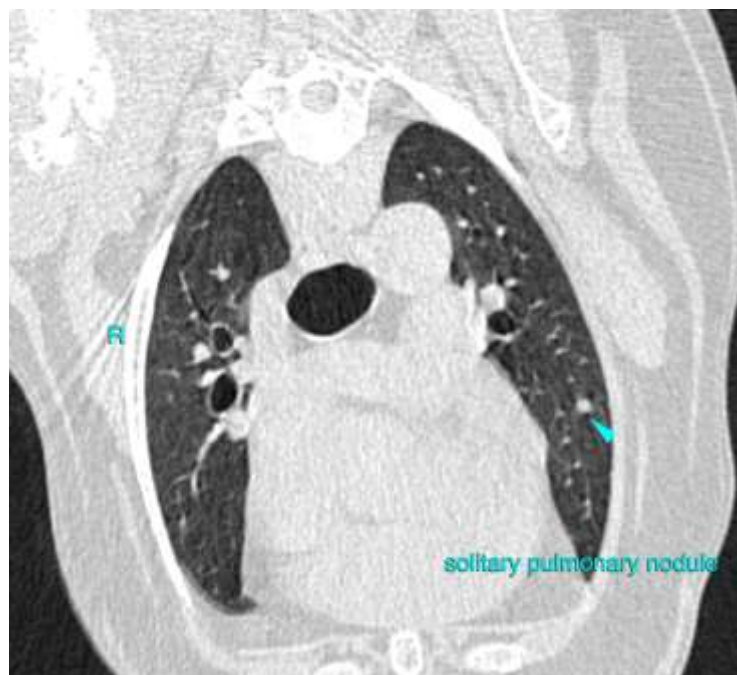
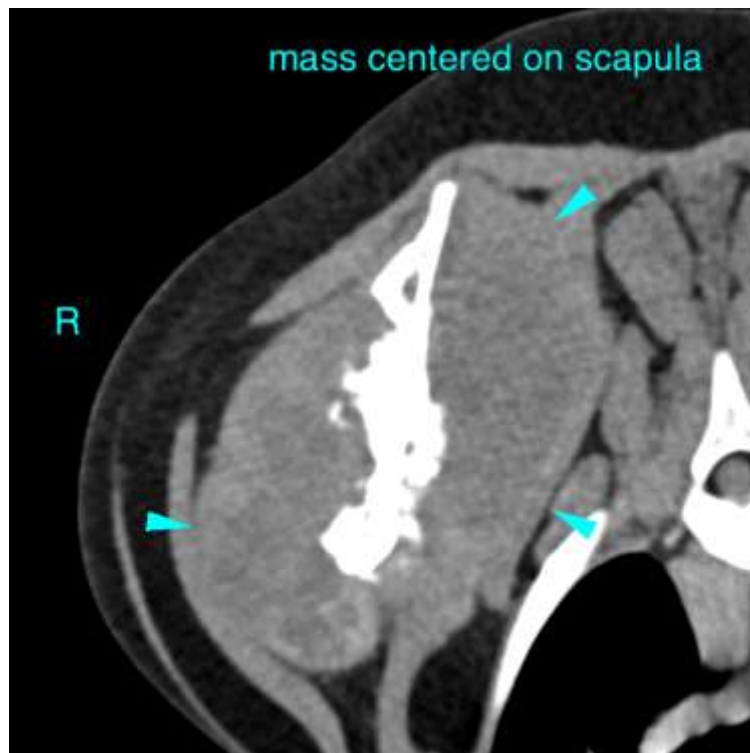
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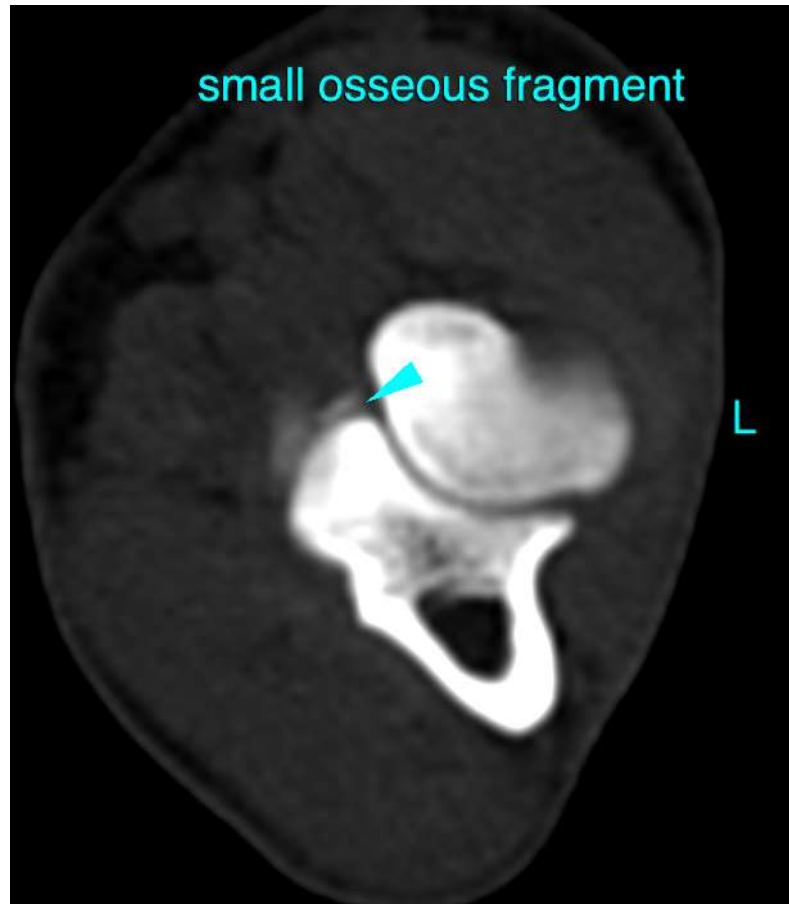
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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