



PATIENT PRESENTING CLINICAL SIGNS

Casper Johnson Presenting complaint or concern (brief) Large left scapular mass, first diagnosed Jan 2021. Is impacting mobility significantly. Prior biopsy of mass was inconclusive, but sarcoma is suspected. Otherwise healthy on exam besides large scapular mass. Is weight bearing lame on the affected limb (LF leg) medications, including any being taken on a regular basis 1. Buprenex (got sustained release injection 1/7/22); Normally gets 0.2 ml of the 0.5 mg/ml suspension every 8-12 hrs. 2. Metacam 0.5 mg/ml- 0.5 ml daily, Just started on 1/7/22 3. Gabapentin 50 mg/ml- Gets 0.6 ml every 12 hrs. Abnormal PE/Chem/CBC/UA Results: elevated ALKP

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

49621

DATE

1-17-22

COMPUTED TOMOGRAPHY OF THE THORAX

A high resolution pre- and post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Originating from the distal segment of the left spina scapulae and scapular neck, a large, well-defined, irregular roundish mass is visible. The left scapular mass presents a thin mineralized cortex and multiple mineralizing regions centrally – nearly organized in a radiating manner. The left scapular mass is measuring 7.5 x 6.5 x 6.7 cm in size – distorting the regional anatomy. Post contrast administration the left scapular mass is moderately contrast enhancing. Multiple prominent venous vessels are seen in the cranial aspect of the mass.

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.

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.

The lung parenchyma presents the expected architecture and with generalized mild dystelectasis.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive expansile osteolytic mass left scapula
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The expansile mass originating from the left scapula is compatible with primary osseous neoplasia, such as osteochondrosarcoma, osteosarcoma, fibrosarcoma, chondrosarcoma, other. Complete surgical excision by amputation of the left front limb including scapulectomy is a possible treatment option.



PATIENT

Casper Johnson

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



HOSPITAL NAME

Mobile Pet Imaging
CFL

REFERRING VET

Borecky

INVOICE

49621

DATE

1-17-22

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
sebast.schaub@gmail.com