



**PATIENT**

Bailey Jibb

**PRESENTING CLINICAL SIGNS**

Rib osteosarcoma left side. Biopsy performed January 4 revealed axial osteosarcoma with incomplete excision. CT for surgical planning and treatment  
 Abnormal PE/Chem/CBC/UA Results: On PE - 5 cm hard non movable mass left lateral thorax.  
 Bloodwork Urea elevated 12.3.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE THORAX**

A plain CT study of the thorax in a lung and soft tissue reconstruction is provided for review.

**BREED**

Labradoodle

**COMPUTED TOMOGRAPHIC FINDINGS**

The distal third of the left 6<sup>th</sup> rib presents with an expansile sunburst like mineralizing mass with surrounding soft tissue swelling, measuring approximately 3 cm in diameter. The mass is bulging into the subcutaneous tissue and into the pleural cavity, causing an extrapleural mass effect.

**SEX**

FS

The left axillary lymph node is mildly prominent.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

**AGE**

11 Years

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.

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

The lung parenchyma presents the expected architecture and attenuation behavior.

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

**HOSPITAL NAME**

Animal Health Partners

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Monostotic aggressive osteoproliferative lesion 6<sup>th</sup> left rib
- Mild lymphadenopathy left axillary lymph node – consider FNA sampling for differentiation between reactive hyperplasia or metastatic disease
- No evidence of pulmonary metastatic disease

**REFERRING VET**

Jerome Gagnon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study is fitting the history of primary osseous neoplasia originating from the 6<sup>th</sup> left rib – osteosarcoma has already been confirmed by biopsy. Complete surgical excision of the mass is considered feasible by partial resection of the thoracic wall – including the nearby 5<sup>th</sup> and 7<sup>th</sup> left rib.

**INVOICE**

56249

**DATE**

1-19-23



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**REFERRING VET**

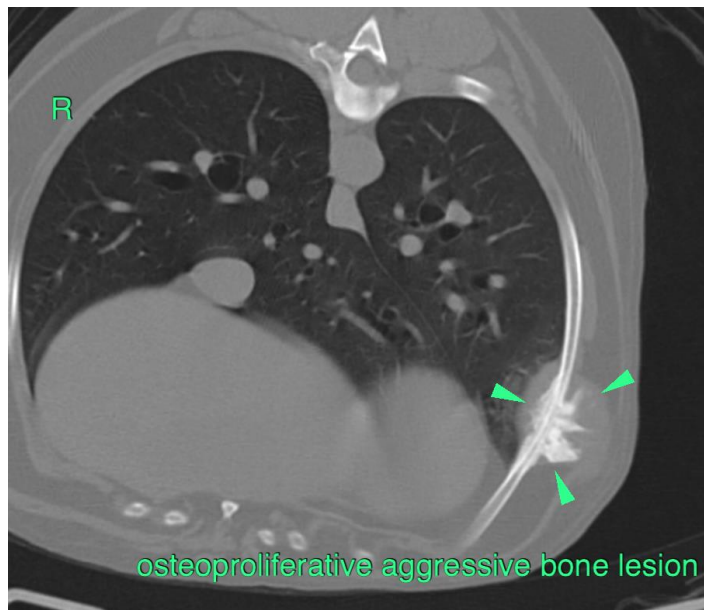
Jerome Gagnon

**INVOICE**

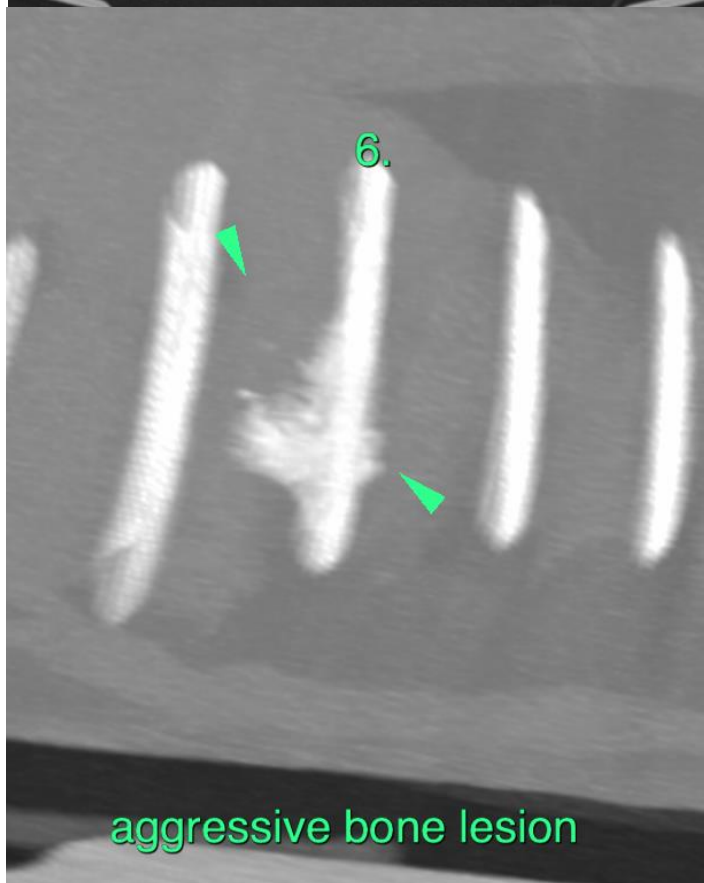
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osteoproliferative aggressive bone lesion



aggressive bone lesion



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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.

**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**

Labradoodle

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

FS

**AGE**

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