



## PATIENT

Tex Albracht

## SPECIES

Canine

## BREED

Vizsla

## SEX

Male

## AGE

11Y

## WEIGHT

43.4lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Tina Lynn, CVT/George  
Eales, DVM

## HOSPITAL NAME

Green Prairie Animal  
Hospital

## REFERRING VET

Capital Illini-Dr.  
Antonucci

## INVOICE

73495

## DATE

1-27-26

## PRESENTING CLINICAL SIGNS

History:

- Non-weight bearing lameness LR, swelling/mass effect Left lateral thigh, mass removal (fibroadnexal dysplasia) from skin medial LR leg 1/6/26, lameness noted just prior to mass removal, swelling noted 1/13/26.
- Has developed a dry hacking cough in last few days

## COMPUTED TOMOGRAPHY OF THE THORAX, PELVIS AND STIFLE JOINTS

A high resolution plain CT study of the thorax, pelvis and stifle joints is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The bony and surrounding soft tissue structures are within normal limits.

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.

The cardiovascular structures including the pulmonary vasculature are within normal limits. In the right caudal lung lobe presents multiple ill-defined zones with an unstructured interstitial pattern and central nodular appearing consolidation with mass effect on the regional bronchi. The first degree bronchus of the right caudal lung lobe contains gravity dependent material, partially obliterating the bronchial lumen.

Multifocal throughout the lung parenchyma, well-defined roundish soft tissue attenuating nodules are appreciated

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

### Pelvis & Stifle joints

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation – extending laterally into the extraforaminal space of the right neuroforamen L7/S1.

The left medial iliac lymph node is prominent.

The proximal segment of the left femur, including the femoral neck, present an ill-defined zone with permeative osteolysis, cortical destruction and amorphous periosteal new bone formation. A diffuse soft tissue swelling is centered on the proximal segment of the left femur. Endosteal scalloping of the left femur can be appreciated up to the level of the mid segment of the diaphysis.

The volume of the musculature of the left hind limb is moderately decreased.

The periarticular bones of both stifle joints present smooth osseous margins and there is no evidence of an intracapsular soft tissue swelling of the stifle joints.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive mixed osteolytic and osteoproliferative lesion proximal left femur
- Structured nodular interstitial lung pattern with zone presenting a diffuse ground glass attenuation pattern
- Lymphadenopathy left medial iliac lymph node
- Disuse atrophy musculature left hind limb



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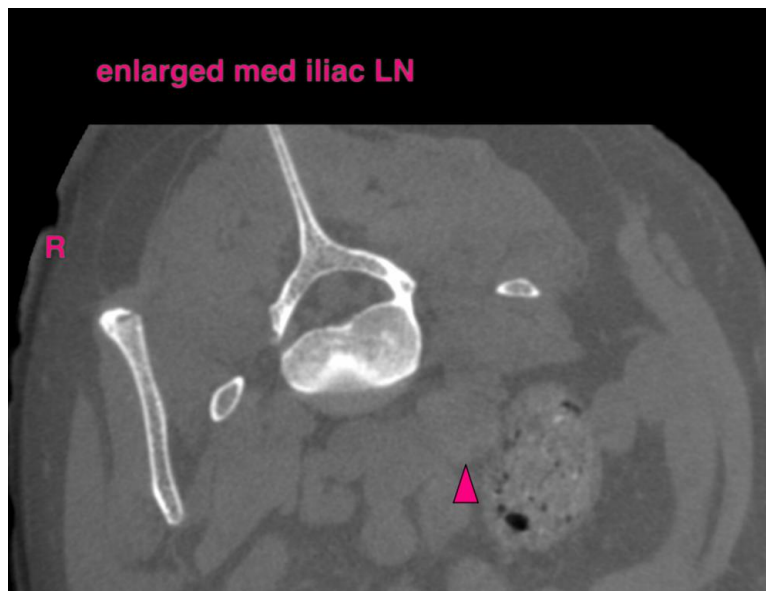
1-27-26

- Spondylosis deformans lumbosacral junction with possible extraforaminal impingement of the left spinal nerve L7

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive bone lesion of the left femur is compatible with primary osseous neoplasia – such as osteosarcoma, fibrosarcoma, chondrosarcoma, histiocytic sarcoma, other. FNA sampling/biopsy may be used for specification.

The pulmonary findings and enlarged regional lymph nodes are indicative for metastatic spread.





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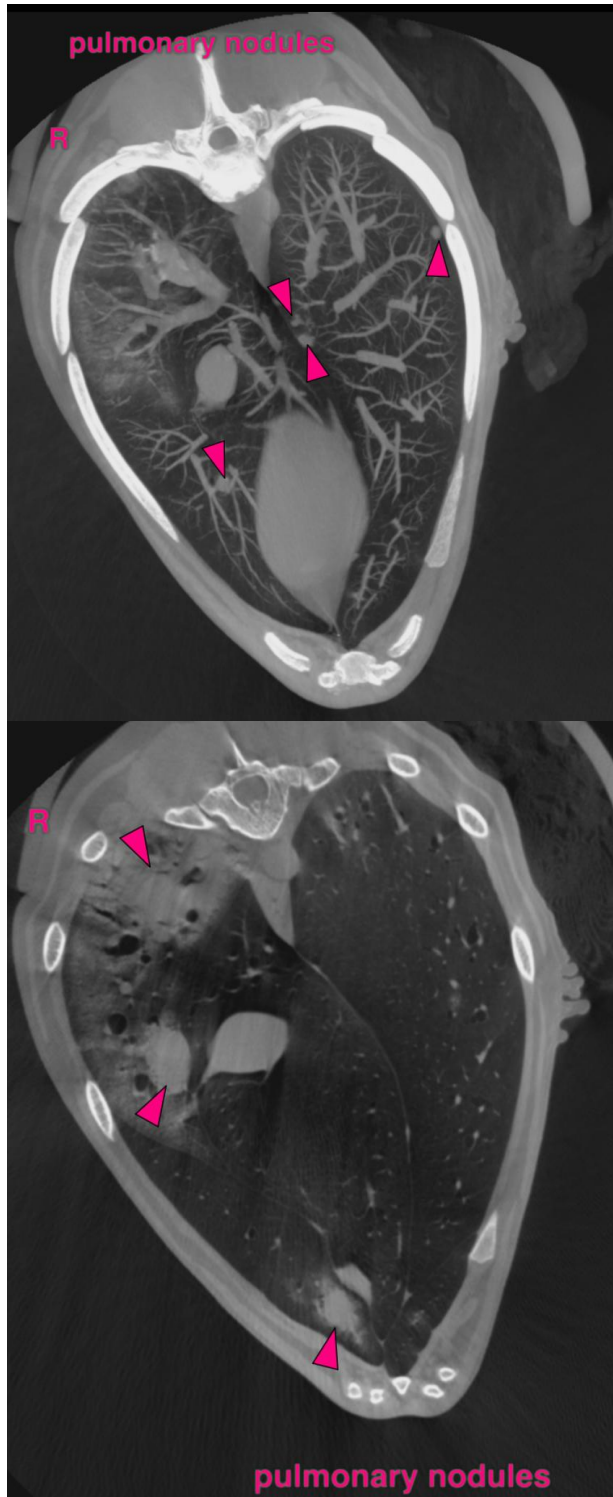
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)