



**PATIENT**

Penny Cable

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**SEX**

FS

**AGE**

5

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health Partners

**REFERRING VET**

Debbie Reynolds

**INVOICE**

48339

**DATE**

11-14-21

**PRESENTING CLINICAL SIGNS**

Previous history of a mast cell tumor on the right pelvic limb 2 years ago with lymph node involvement. Over the last few months progressive right pelvic limb lameness. Radiographs show a mottled distal femur. CT today.

Abnormal PE/Chem/CBC/UA Results: Pain on direct palpation and flexion around the stifle joint. Biopsies pending. Staging done today of chest and abdomen with previous history of MCT.

**COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND HIND LIMBS**

A pre- and post-contrast CT study of the thorax and abdomen and a post-contrast CT study of the hind limbs in the bone & soft tissue reconstruction are provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Multiple small (<6 mm) well-defined roundish nodules are seen in the subcutaneous tissue along the thoracic & abdominal wall. Mild spondylosis formation is seen along the caudal thoracic spine.

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 attenuation behavior.

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

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.



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The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

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The lumbosacral intervertebral disc is moderately protruding into the vertebral canal occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level.

The right medial iliac lymph node is prominent.

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Hind limbs

Both coxofemoral joints present mild osteophyte new bone formation.

The volume of the right thigh musculature is moderately decreased.

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Centered on the caudal aspect of the distal right femur/femoral condyles, a uniform soft tissue attenuating and heterogeneous contrast enhancing mass is seen measuring approximately 3.5 x 2.8 x 6.0 cm in size. The right femoral condyles present advanced permeative osteolytic lesions and a moderate sclerosis extending up into the distal third of the right femoral diaphysis.

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The left stifle joint presents mild to moderate osteophyte new bone formation and a mild intracapsular soft tissue swelling.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Monostotic aggressive osteolytic lesion right distal femur with associated soft tissue mass caudally
- Lymphadenopathy right medial iliac lymph node
- Disuse atrophy right thigh musculature
- Degenerative lumbosacral stenosis
- Degenerative osteoarthritis left stifle joint
- Mild degenerative osteoarthritis coxofemoral joints bilaterally
- Multiple non-specific subcutaneous soft tissue nodules
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are compatible with primary osseous neoplasia such as round-cell tumor, hemangiosarcoma, fibrosarcoma, osteosarcoma, chondrosarcoma, other. Biopsy results are pending to confirm the diagnosis.

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The prominent medial iliac lymph node is equivocal for reactive hyperplasia versus metastatic spread. If not done so yet, complementing tumor staging by ultrasound guided FNA sampling is recommended.

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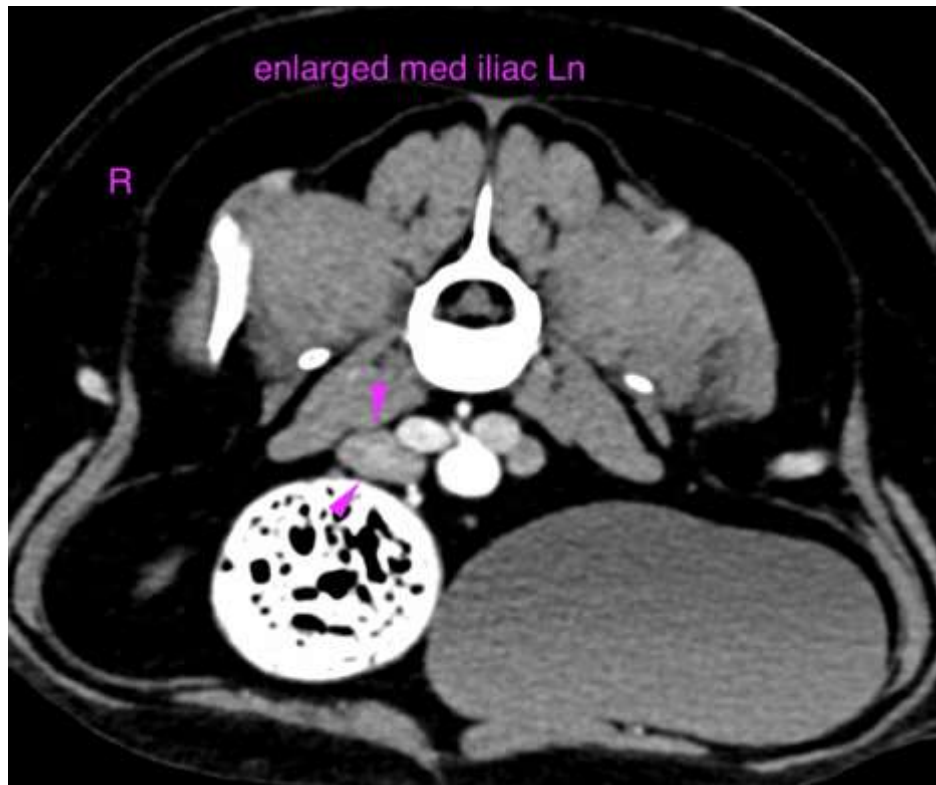
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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