



PATIENT PRESENTING CLINICAL SIGNS

Archie Saldanha History: Intermittent lameness in LFL for approx 1 month. Initially responded to NSAIDs but now still lame despite NSAIDs No obvious pain elicited with manipulation of the joints Possibly some soreness in proximal humerus with deep pressure.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND FRONT LIMBS

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.

BREED

Staffordshire Terrier

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates T12/T13 present mild spondylosis formation.

SEX

Male

The proximal metaphysis including the proximal third of the diaphysis of the left humerus presents an ill-defined zone with moth eaten osteolytic lesions and advanced sclerosis of the medullary cavity and solid mild ill-defined periosteal new bone formation.

AGE

7 Years

The periarticular bones of both elbow joints present moderate osteophyte new bone formation. The tip of the medial coronoid process of both elbow joints has an irregular conformation with a heterogeneous density.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

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.

HOSPITAL NAME

Colyton VH

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.

REFERRING VET

Chris Papantonio

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

INVOICE

17979

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic semi-aggressive mixed osteolytic and osteoproliferative lesion left proximal humerus with advanced sclerosis of the medullary cavity
- Coronoid disease elbow joints bilaterally
- Degenerative osteoarthritis elbow joints bilaterally
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

DATE

11/3/22



PATIENT

Archie Saldanha

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the odds for primary osseous neoplasia of the left humerus are high the diagnosis is not definitive, and a osteomyelitis a large bone infarct should be considered as well. Bone biopsy would be ideal for further evaluation.

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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.

HOSPITAL NAME

Colyton VH

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

REFERRING VET

Chris Papantonio

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