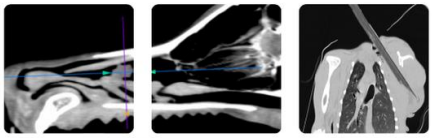

PATIENT
Mya Roce

SPECIES
Canine

BREED
Min Goldendoodle

SEX
FS

AGE
15

WEIGHT
11kg

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY
Mobile Pet Imaging

HOSPITAL NAME
Mobile Pet Imaging

REFERRING VET
Armstrong

INVOICE
72793

DATE
12-1-25

PRESENTING CLINICAL SIGNS

Presenting complaint or concern (brief) osteosarcoma middle shaft of left tibia
Abnormal PE/Chem/CBC/UA Results: Non weight bearing LH, all else wnl. B/W- unremarkable

COMPUTED TOMOGRAPHY OF THE THORAX AND STIFLE JOINTS

A high resolution pre- and post-contrast CT study of the stifle joints and a post-contrast CT study of the thorax 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 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.

Throughout the lung parenchyma, sporadic, ill-defined, nodular lesions are appreciated, measuring < 3 mm in diameter.

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

Stifle joints

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. Both stifle joints present a mild intracapsular soft tissue swelling. A TTA implant is appreciated at caudal aspect of the tibial tuberosity bilaterally.

The diaphysis of the left tibia presents an ill-defined zone with permeative osteolysis along with endosteal scalloping and cortical destruction and immature mild periosteal new bone formation. In the mid segment of the left tibial diaphysis are transverse fracture line with mild caudal and medial displacement of the distal fragment is appreciated. Level with the mid diaphysis of the left tibia, a circumferential mild soft tissue swelling is appreciated.

The right tibia reveals no additional abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion diaphysis left tibia
- Secondary pathological mid diaphyseal fracture left tibia
- Structured nodular interstitial lung pattern
- History of surgical management of pathology of the cranial cruciate ligament bilaterally via TTA
- Osteoarthrosis stifle joints bilaterally, R>>L
- Mild effusion stifle joints bilaterally

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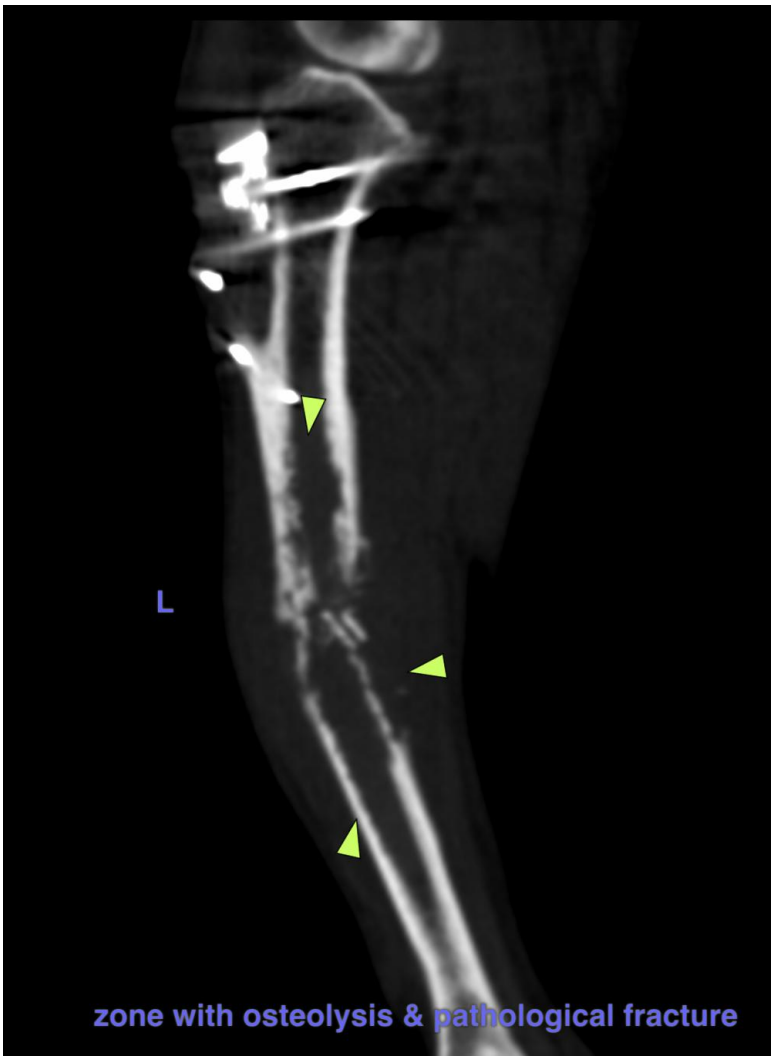
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The diagnosis of primary osseous neoplasia (e.g. osteosarcoma,) is not definitive, due to the atypical location in the mid diaphysis of the tibia bone metastasis of a different primary neoplasm is a differential – workup may be complemented by full tumor screening.

The ill-defined pulmonary nodules are compatible with pulmonary metastatic disease.



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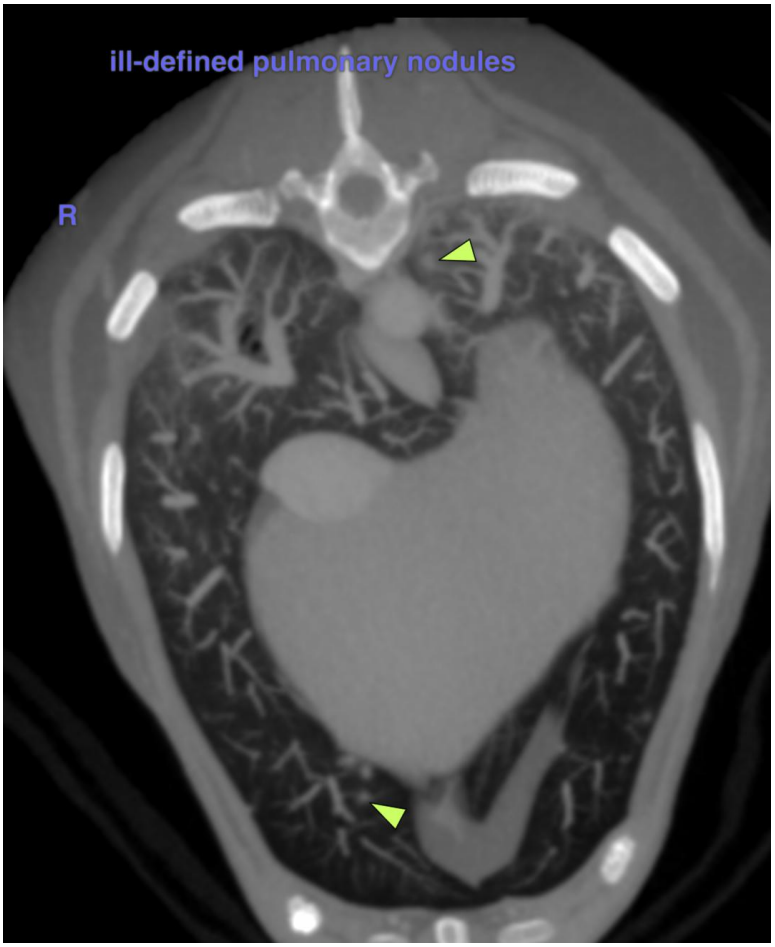

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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