



PATIENT

PRESENTING CLINICAL SIGNS

Isabelle Bessay-Torfs

9 yo border collie, history of bite wounds over shoulder area years ago, 1 month history episodes of pelvic limb ataxia - 2-3 mins, possible sz? one episode included left lateralized ++ extensor tone. chronic thoracic limb lameness that is responsive to metacam (thought to be right by O but more reluctant to hop on left during exam) 1 day history marked right pelvic limb lameness
 Abnormal PE/Chem/CBC/UA Results: exam: right pelvic limb lame, suspect left thoracic limb lame, absent cutaneous trunci on right (suspect from previous soft tissue injuries?) mid to low lumbar pain, no specific neurologic deficits; ++ swelling below the right hock. anaplasma positive on SNAP this year; no current meds

SPECIES

Canine

BREED

Border Collie

COMPUTED TOMOGRAPHY OF THE THORAX, LUMBAR SPINE, AND HIND LIMBS

A plain CT study of the thorax, lumbar spine and hind limbs in a bone, lung and soft tissue reconstruction is provided for review.

SEX

FS

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

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

AGE

9 Years

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

Mineralization of the aortic root is appreciated.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

In the periphery of the caudal lung lobes, multiple well-defined nodular lesion, measuring up to 5 mm in diameter are appreciated. Throughout the remaining lung lobes, multiple small (<3 mm) soft tissue attenuating Ditzels are visible.

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

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Lumbar spine & Hind limbs

L3 presents a heterogeneous sclerosis of the vertebral body and the left lamina with immature periosteal new bone formation. Level with L2/L3, mild swelling of the right hypaxial musculature with dystrophic mineralization is seen, the surrounding fat presents mild fat-stranding.

REFERRING VET

Dr. Stephanie Lovell

The right kidney is prominent and presents diffuse irregular mineralization.

The right tarsal joint presents a moderate circumferential soft tissue swelling, most accentuated in the dorsal aspect. The second, third and fourth right tarsal bone present immature periosteal new bone formation in the cranial aspect and moth eaten osteolytic lesions.

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The osseous and surrounding soft tissue structures of the left tarsal joint present without abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

DATE

12-20-22

- Suspect aggressive osteoproliferative lesion L3
- Mild swelling right hypaxial musculature with small dystrophic mineralization
- Soft tissue swelling dorsal aspect right tarsal joint with polyostotic aggressive mixed osteolytic and osteoproliferative lesions third and fourth tarsal bone
- Structural nodular interstitial lung pattern



PATIENT • Right sided renomegaly with possible dystrophic mineralization versus advanced nephrolithiasis

Isabelle Bessay-Torfs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue swelling of the right tarsal joint in combination with the aggressive bone lesions, the osseous changes of the vertebral body of L3 and the structured nodular interstitial lung pattern are highly concerning for disseminated neoplastic disease – possibly underlying renal cell carcinoma due to the appreciated renal changes with distant metastasis; sarcoma of different origin. However, as there is swelling of the right hypaxial musculature level L2/L3, with mild fat steatitis, osteomyelitis (e.g. protozoal, mycotic) with pulmonary granulomatous disease needs to be considered as well. Further workup warrants an abdominal ultrasound to check the right kidney & right hypaxial region including FNA sampling ± of the mass at the right tarsal joint ± right kidney.

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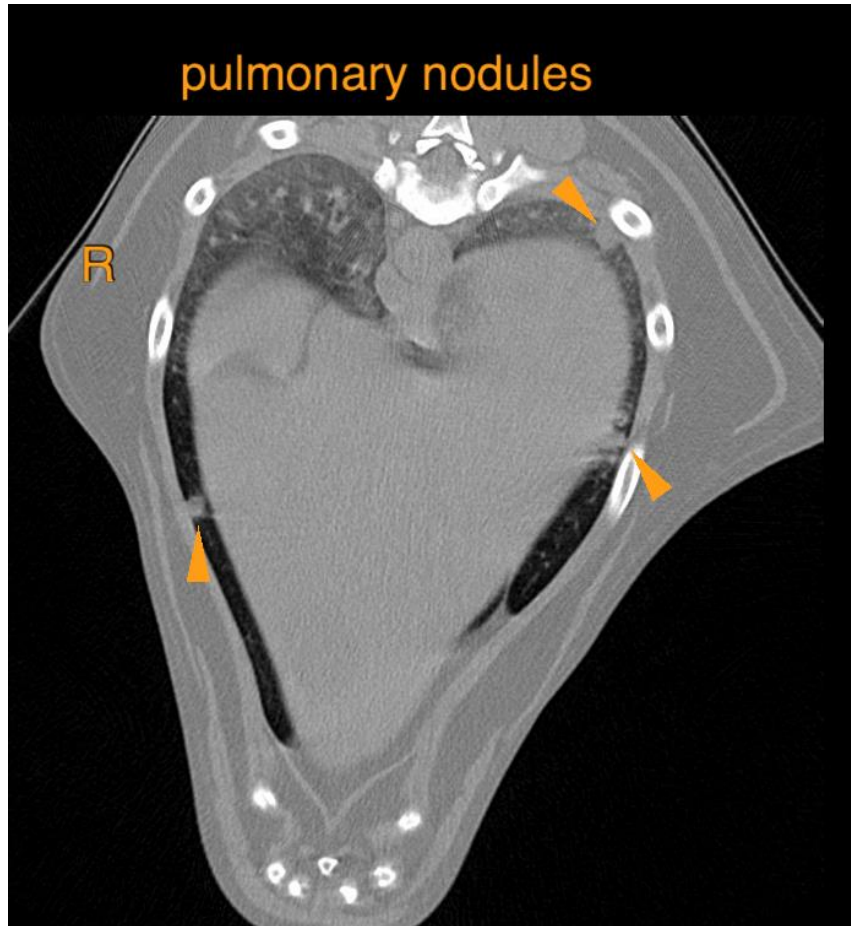
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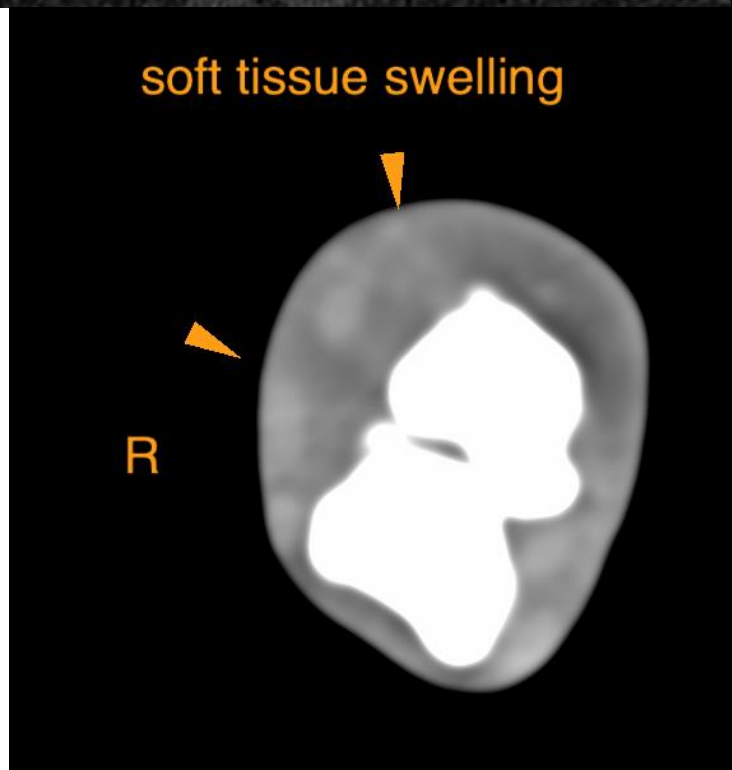
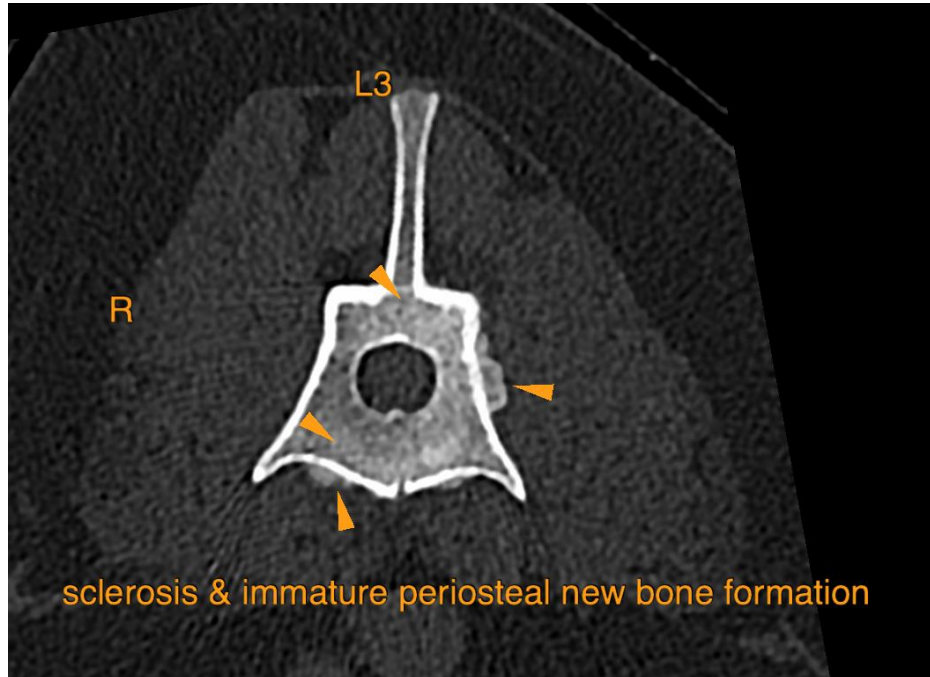
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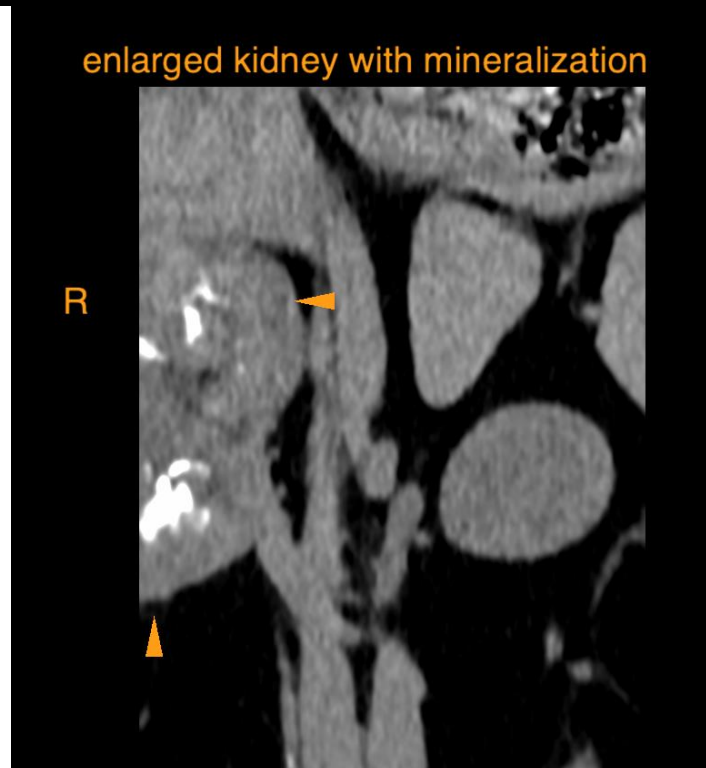
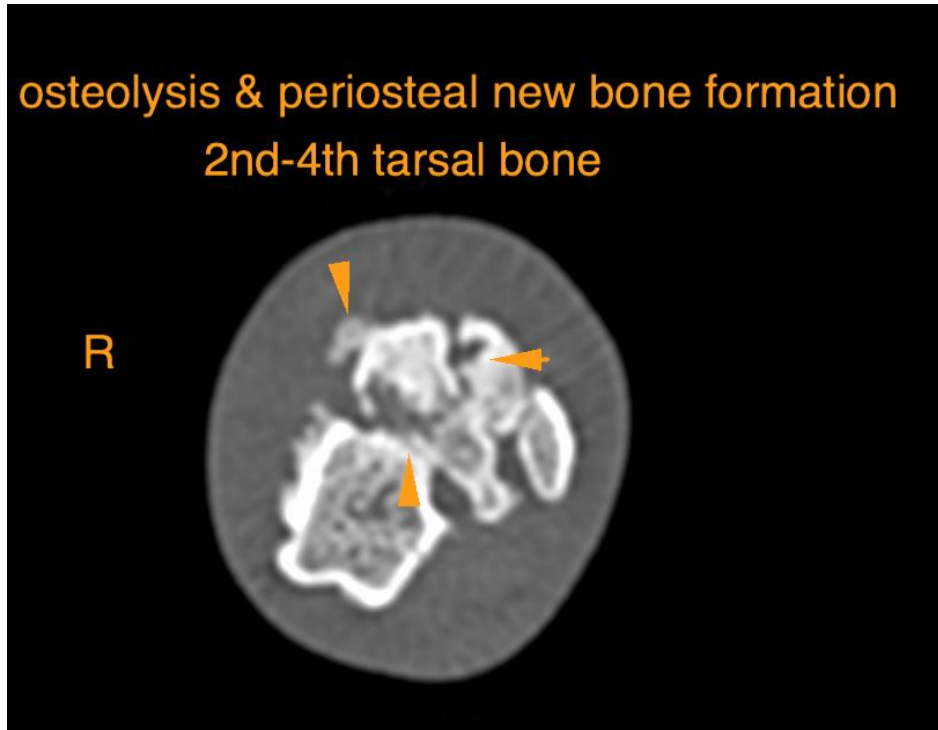
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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