



PATIENT PRESENTING CLINICAL SIGNS

Ally Constant Follow up X-rays. Presented one month ago for non weight bearing on left front leg, X-rays done on Nov 6, 2021, case-upload-1636215806 and revealed: RADIOGRAPHIC DIAGNOSIS • Elbow OA, moderate • Carpal OA, mild to moderate • Shoulder OA, mild • Broncho-interstitial pattern • Bronchial calcification • Possible small renal and bladder mineralization. On Metacam and Gabapentin 100 mg. Went to the rehab center a few times and has laser and electroacupuncture therapy a few days ago Presented to follow up still non weight bearing and dragging her left front leg, poor deep sensation on toes, painful on the left elbow.
Abnormal PE/Chem/CBC/UA Results: Blood work indicate stress glucose, increase in ALT 189, increase in ALP >993, mild increase in Total Bilirubin, increase in WBC and Neut, otherwise unremarkable. T4 13.4

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

Spayed Female

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

St. Catharine's Animal
Hospital

REFERRING VET

Dr. Bekhit

INVOICE

48853

DATE

12-7-21

RADIOGRAPHIC STUDY OF THE THORAX, THORACIC SPINE AND FRONT LIMBS

A complete set of radiographs of the thorax and the left front limb is provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The thoracic spine presents without abnormalities.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

Mild mineralization of the bronchial tree is seen.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Left front limb

Centered on the proximal segment of the spine of the left scapula, an amorphous mineralizing mass is visible, measuring approximately 3 cm in size.

The periarticular bones of the left shoulder joint present moderate osteophyte new bone formation.

Extensive aggressive osteolytic lesions of the left lateral humeral condyle and the proximal radial

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epiphysis is present. There is marked progression of the periarticular new bone formations of the left elbow joint, presenting immature periosteal new bone formation as well as amorphous periarticular mineralization. The left elbow joint presents with a moderate to marked circumferential soft tissue swelling.

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The left carpal joint presents moderate osteophyte new bone formation.

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RADIOGRAPHIC DIAGNOSIS

- Polyostotic aggressive mixed osteoproliferative and osteolytic lesions left scapula & bones of the elbow joint
- Degenerative osteoarthritis left shoulder joint
- Degenerative osteoarthritis left carpal joint
- Mild mineralization of the bronchial tree
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to the marked progressive aggressive changes of the elbow joint, the findings are compatible with neoplastic disease and primary neoplasia – such as synovial cell sarcoma, hemangiosarcoma, fibrosarcoma, carcinoma – or metastasis (given the mineralization's of the urinary bladder transitional cell carcinoma might be a consideration) are potentials here. Theoretically myocytic arthritis & osteomyelitis are differentials, but the odds are low. Recommend FNA sampling of the both the left elbow joint and the mass of the left scapula for further differentiation.

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If surgery with amputation & scapulectomy of the left front limb is an option, complementing workup by a full body CT scan to screen for primary tumor and ruling out metastasis, not appreciated by radiography, appears beneficial.

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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.

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