



**PATIENT**

Ruby Anderson

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

Female

**AGE**

9

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Colyton Veterinary  
Hospital

**REFERRING VET**

Chris Papantonio

**INVOICE**

48836

**DATE**

12-7-21

**PRESENTING CLINICAL SIGNS**

Seen approximately a month ago due to inactivity - generally slowing down according to owner. Bloods performed at the time relatively normal. Noticed walking with hindlimbs under body and shifting weight towards her forelegs. No proprioception deficits at the time, painful with hip extension. Suspected general OA and treated with NSAIDs and seemed to improve. Rapid deterioration over the last week. Now preferentially non ambulatory - too painful to walk. Able to sit up on forelegs but won't stand on hindlegs without assistance. Extremely painful, she can walk very painfully with some assistance. Muscle wastage present in both hindlegs, painful with hip extension/manipulation. painful with sacral and lumbar pressure. Reacting to any pressure or manipulation around the pelvis. No obvious joint swelling or pain. t = 38.5 Neuro - forelegs and cranial nerves normal. Hindlegs - proprioception deficits but could just be too painful to replace feet when tested, weak withdrawal reflex in both hindlegs, patella reflexes subjectively normal in both hindlegs.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Lumbar Spine/Pelvis**

There is generalized significant demineralization of the osseous structures of the lumbar spine and pelvis. Multiple - partially mild expansile - osteolytic lesions are appreciated throughout all vertebra - including the vertebra body, laminae, spinous processes - and the pelvis with multifocal cortical destruction.

The pictured parts of the abdomen are within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Polyostotic aggressive osteolytic lesions lumbar spine, sacrum and pelvis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The osteolytic lesions throughout the axial skeleton and pelvis with marked demineralization of the osseous structures are most consistent with underlying round-cell tumor such as multiple myeloma or lymphosarcoma. Other type of sarcoma might be a consideration but is less likely. The odds for underlying infectious disease - such as mycotic osteomyelitis - are low, due to the generalized involvement of all bones of the axial skeleton. FNA sampling from the affected osseous structures and urinalysis to detect potential Bence-Jones proteinuria is recommended. Repeating blood work should be considered as well including electrophoresis to differentiate blood protein fractions is recommended. The long term prognosis is very guarded.



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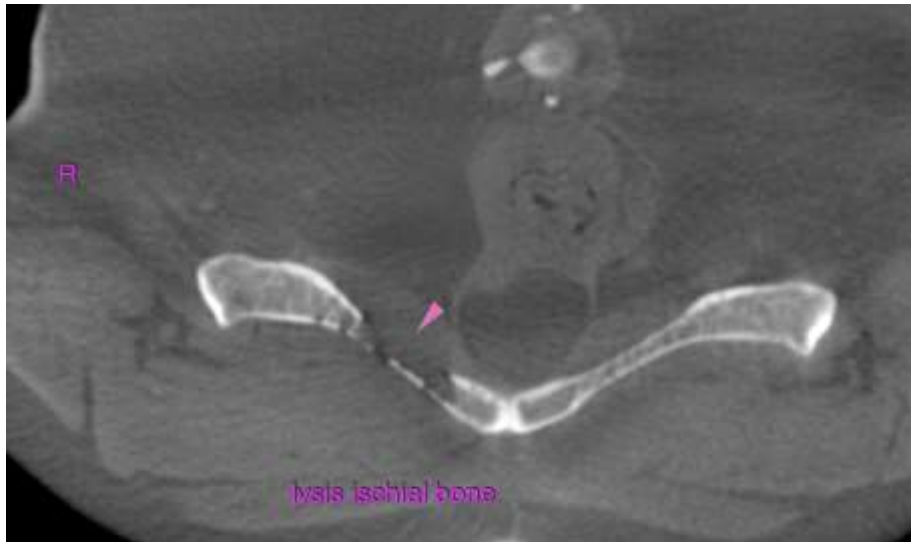
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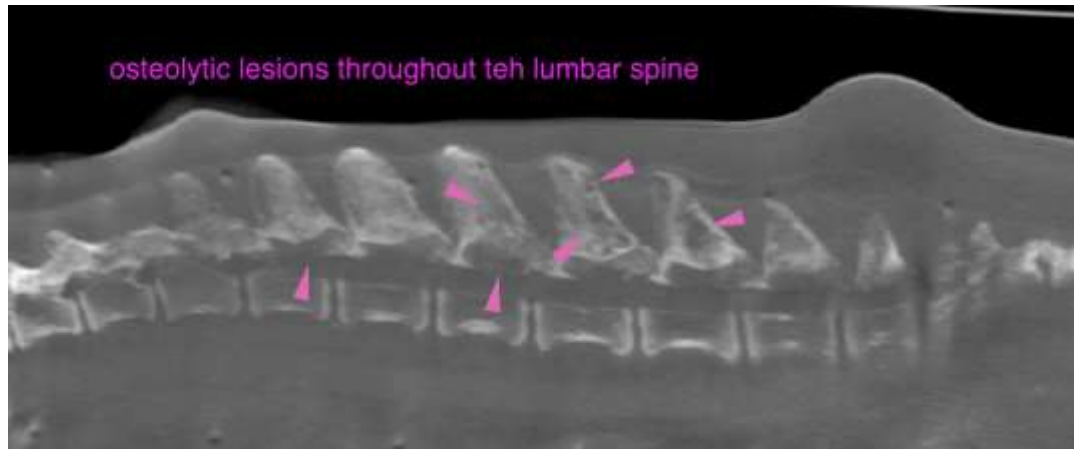
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com