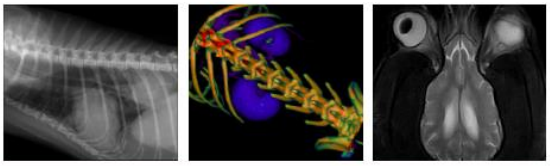
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Teea Nardecchia

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Female Spayed

**AGE**

11 Years

**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Wilson Veterinary Hospital

**REFERRING VET**

Dr. John Wilson

**INVOICE**

50334

**DATE**

2-16-22

## PRESENTING CLINICAL SIGNS

Pet has a several month history of progressive lameness in the left forelimb. First documented here in October 2021 as a weight bearing, mild lameness that progressed to toe touching to non-weight bearing in February 2022. Radiographs from October to now show possible mildly lytic lesion on the proximal humerus without significant proliferative changes. No evidence of metastatic disease on thoracic radiographs. CT pursued attempting to look for further evidence of primary osteosarcoma vs brachial plexus tumor vs other.

## COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

A high resolution pre- and post-contrast CT study of front limbs is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The volume of the left brachial musculature is significantly decreased.

Post contrast administration, the left shoulder joint presents with a marked periarticular soft tissue swelling with a heterogeneous contrast enhancement pattern. The left proximal humeral epiphysis presents with moth eaten osteolytic lesions of the cortex. The periarticular bones of the right shoulder joint present mild osteophyte new bone formation.

The left axillary lymph node is moderately enlarged, rounded, uniform soft tissue attenuating and contrast enhancing.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Articular soft tissue mass right shoulder joint
- Aggressive osteolytic lesions of the left proximal humerus
- Lymphadenopathy left axillary lymph node
- Mild degenerative osteoarthrosis left shoulder joint
- Advanced disuse atrophy left brachial musculature

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the CT study are compatible with primary articular neoplasia, likely originating from the synovial lining of the left shoulder joint – such as round cell tumor, fibrosarcoma, synovial cell sarcoma. Theoretically septic arthritis with advanced synovialitis is a consideration as well but considered less likely. Recommend FNA sampling and biopsy of the articular soft tissue mass of the left shoulder joint for further definition.

The odds for metastatic spread to the left axillary lymph node are high.

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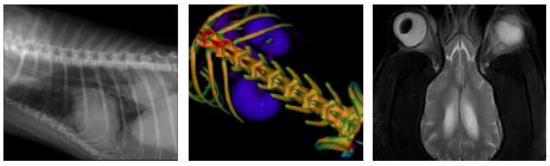

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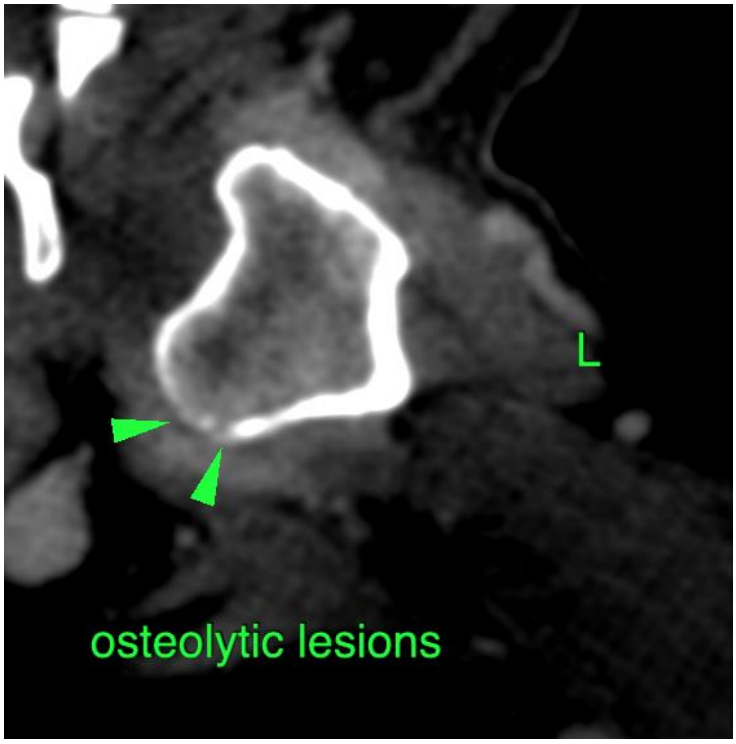

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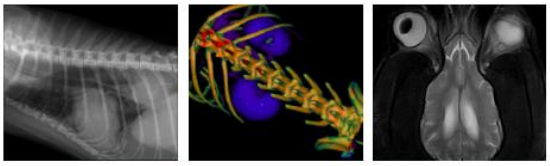

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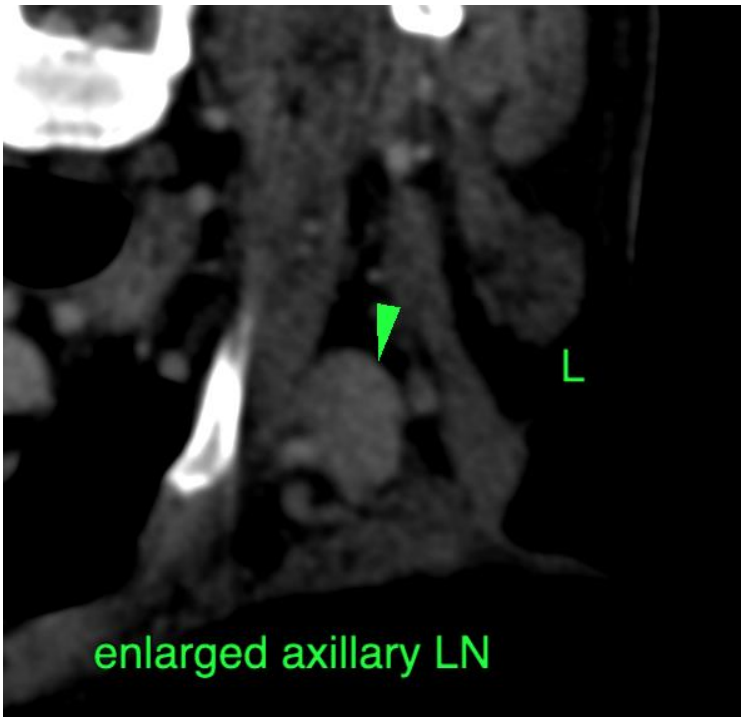


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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