SonoPath Teleradiology

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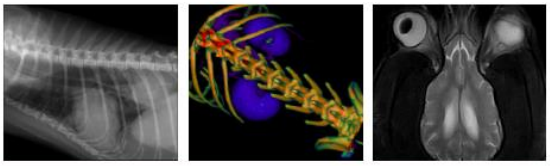


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Benny Cocoran

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

7

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Advanced Veterinary Imaging

REFERRING VET

Eamon

INVOICE

50507

DATE

2-22-22

PRESENTING CLINICAL SIGNS

SPONTANEOUS FRACTURE HUMERUS - NO INCITING TRAUMA MET CHECK LUNGS/SPINE/PROXIMAL HUMERUS

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS AND THORAX

A pre- and post-contrast CT study of the thorax and front limbs in a bone, lung and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

No abnormalities of the osseous structures surrounding the thoracic cavity are appreciated.

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.

The lung parenchyma presents the expected architecture and attenuation behavior.

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

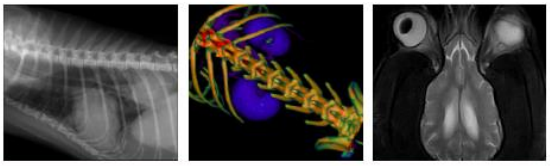
Front limbs

A surgical plate is seen at the lateral aspect of the left humerus. A long oblique fracture of the mid humeral diaphysis is seen with a small cortical fragment depressed into the medullary cavity in the proximal aspect. There is good alignment of the ends of the left humeral fracture. The proximal humeral meta- and epiphysis, extending distally into the proximal humeral diaphysis, presents an ill-defined zone with permeative osteolytic lesions and endosteal scalloping is seen in the lateral aspect of the metaphysis. Post contras administration the left proximal humerus presents a patchy contrast enhancement pattern.

The infraspinatus and supraspinatus fossa of the right scapular present small zones with moth eaten osteolysis. No additional abnormalities are seen along the front limbs.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of pathological long oblique diaphyseal humeral fracture and surgical fracture repaid with orthopedic plate
- Monostotic aggressive osteolytic lesions proximal left humerus with patchy contrast enhancement pattern
- Small osteolytic lesions of the left scapula



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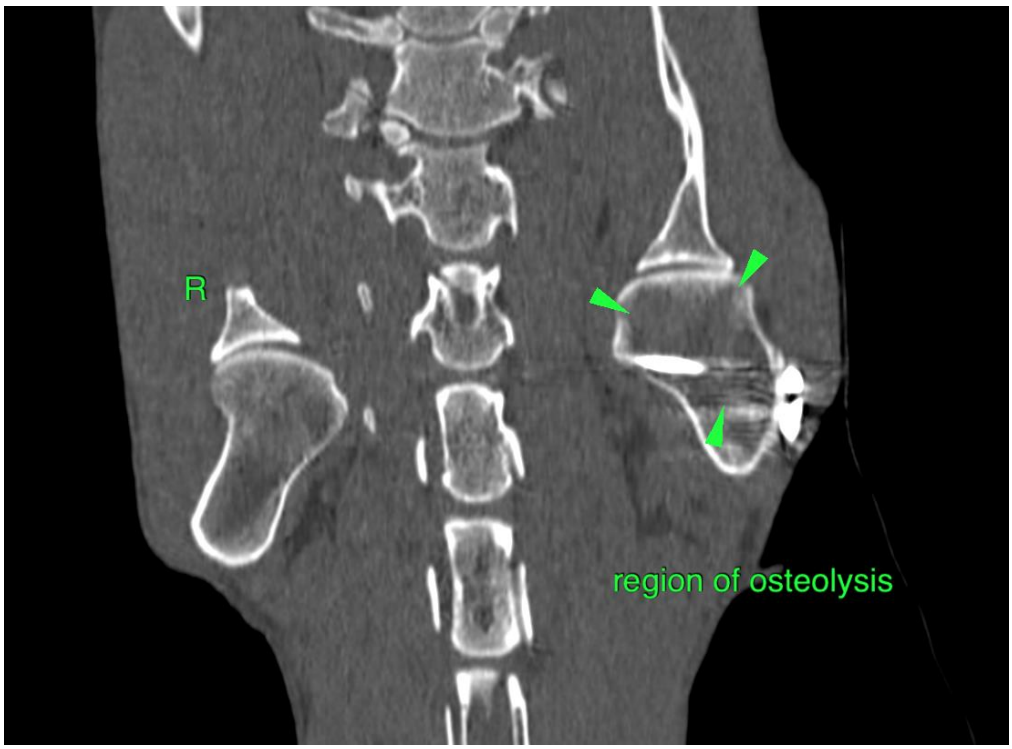
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are supporting the diagnosis of pathological fracture of the left humerus, underlying primary osseous neoplasia such as osteosarcoma, chondrosarcoma, fibrosarcoma, lymphosarcoma, hemangiosarcoma is considered most likely. If not done so yet, recommend biopsy from the left proximal humerus for further definition.

The osseous lesions of the right scapula might present a normal anatomical variant and I do not see signs for associated soft tissue swelling or pathological contrast enhancement pattern. However, in case of myeloma, increased osteoclast activity is possible – but I would expect lesion in other osseous structures as well, which are not appreciated here.



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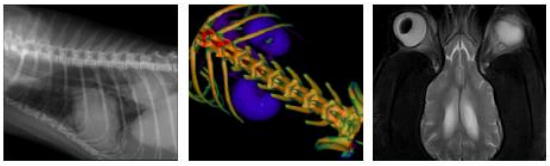

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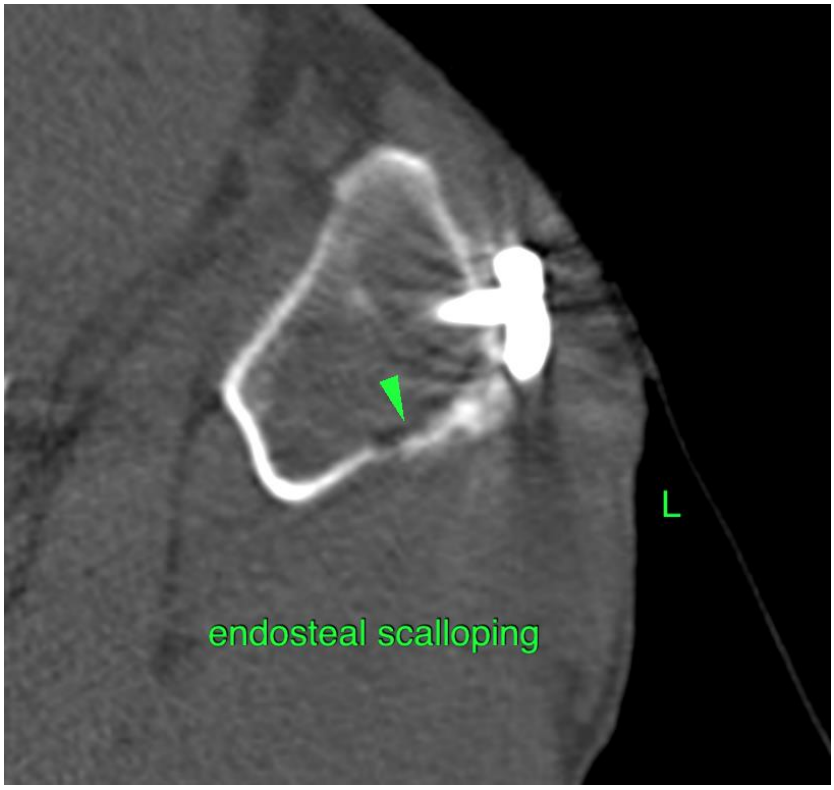

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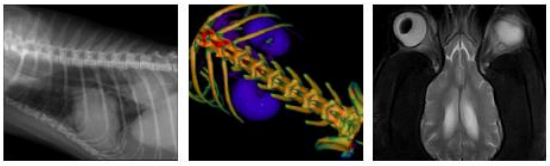

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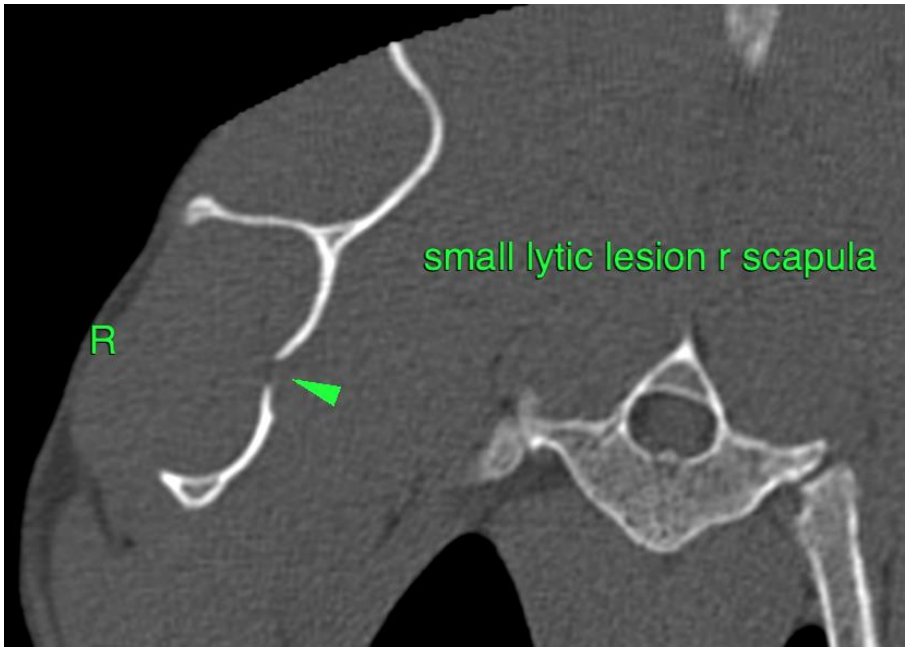

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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