



PATIENT PRESENTING CLINICAL SIGNS

Joe Goodboe

Presenting Complaint: Joe presents to SOVSC for being non ambulatory and progressively painful Significant PE Findings: BCS 6/9, Non amb and falling/leaning to the Left, nwb RTL and paraparesis in PL r>L. painful on RTL palpation around elbow and cervical region. mand large SC masses. Grade 3 murmur DIAGNOSTICS: 3 vw thorax diffuse interstitial pattern, possible enlargement of hilar LN, no overt metastatic disease. Severe spondylosis diffusely RTL Moderate to sever DJD at elbow, no overt lysis, Scapular on LTL has some lytic appearance but can not r/o superimposition- pending to revw . CBC: WBC 29130, Neut 23910 suspect bands, HCT 34%, PLT 589000 CHEM 17: BG 174, ALT 314, ALP >2000 (2686) AFAST: no FF Client Discussion: disc hx and PE and possible causes for pain, worried about something cervical but also wont let me get a good exam due to pain. rec pain meds and then repeat rads and bW from RDVM since can not get results on Saturday and go from there. SWO disc severe DJD but concerns for lytic lesion on left scapula or something in neck. ideally rec CT scan with contrast and hosp on pain meds overnight. O agree. disc that iuf something cancerous may not have extensive options but possible could consider radiation etc. also disc QOL.
Abnormal PE/Chem/CBC/UA Results:

SPECIES

Canine

BREED

Labrador Retriever

SEX

NM

AGE

13

COMPUTED TOMOGRAPHY OF THE CERVICAL & THORACIC SPINE

A high resolution pre- and post-contrast and myelographic CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

In the rostral aspect of the right temporal muscle, a well-defined, ovoid shaped, lipoma is seen, measuring 17 x 9 x 9 mm in size.

The vertebral endplates C4/C5, T3/T4, T4/T5 and T6/T7-T7/T8 present moderate spondylosis formation.

Centered on the right proximal humerus and distal right scapula, an ill-defined heterogenous mild contrast enhancing mass is visible; measuring approximately 7.1 x 6.8 x 9.8 cm in size. The proximal right humerus and the distal aspect of the left scapular present multiple moth eaten cortical osteolytic lesions.

Both shoulder joints present moderate osteophyte new bone formation.

Multiple lipomas are seen along the thoracic wall bilaterally.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Biologically aggressive soft tissue mass region of right shoulder joint with polyostotic semiaggressive osteolytic lesions of the humerus & scapula
- Multiple lipomas
- Degenerative osteoarthritis shoulder joints bilaterally
- Spondylosis deformans

INVOICE

50567

DATE

2-27-22

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri



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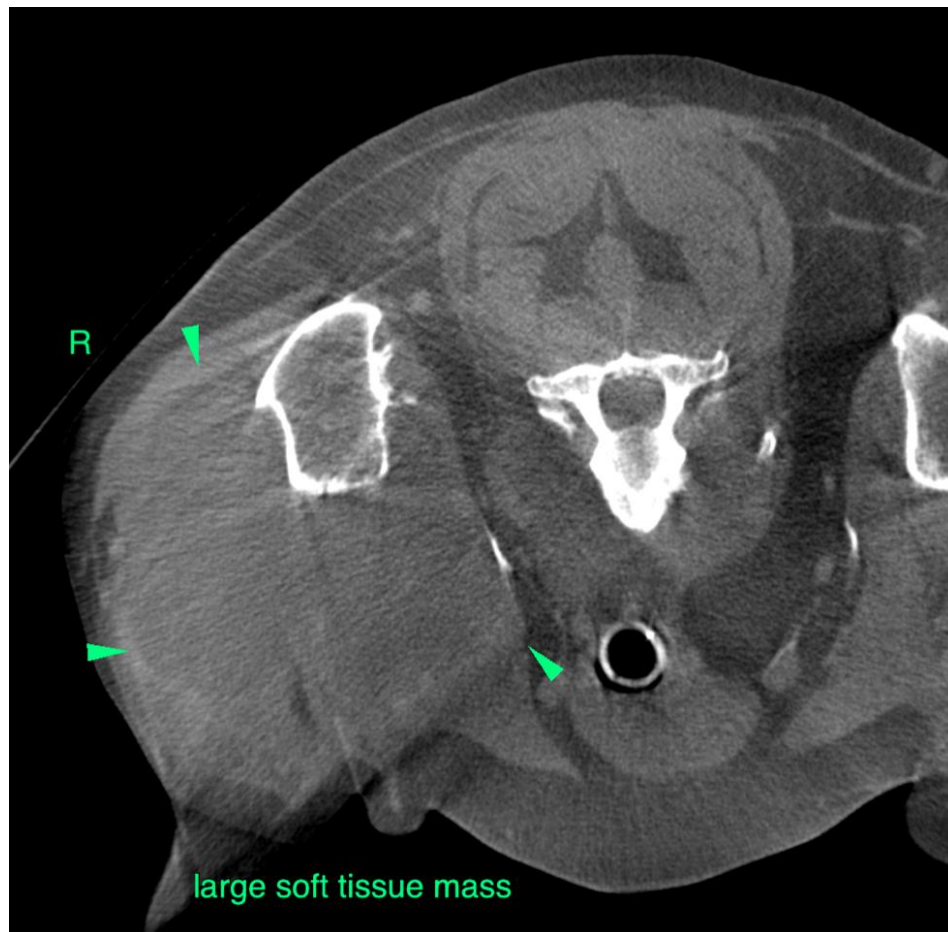
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the soft tissue mass centered on the right proximal humerus & scapula with secondary lytic lesions. Primary soft tissue neoplasm, such as fibrosarcoma, myxosarcoma, hemangiosarcoma, round cell tumor is the diagnosis. The mass is considered as the underlying source for the described clinical signs. The neck and pictured parts of the cranial thoracic spine present without clinically relevant abnormalities but the degenerative changes.

FNA sampling/biopsy of the mass of the right front limb can be used as advanced diagnostic test. Amputation of the right front limb is considered as the therapy of choice; the chances of palliative radiation therapy might be discussed with oncologist as well.

The lung parenchyma presents without signs of metastatic spread, but smaller lesions might be effaced within the regions of compression atelectasis of the lung.





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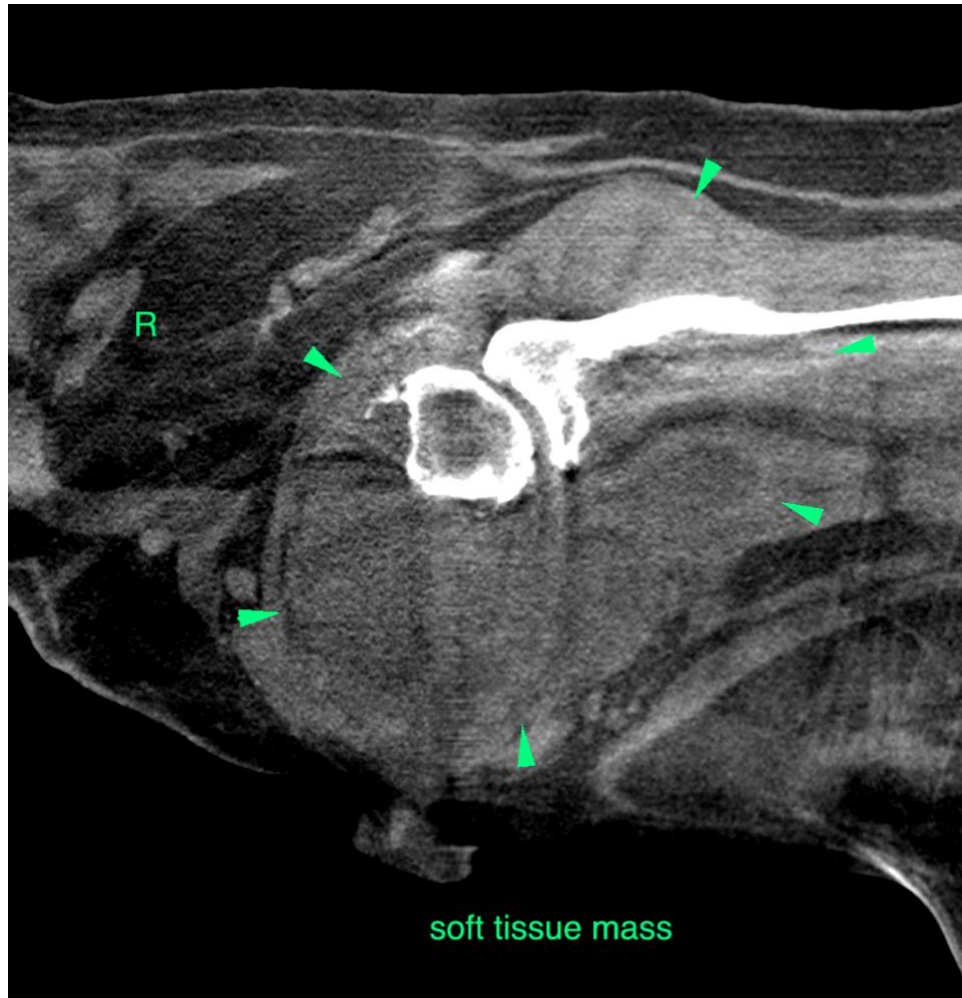
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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