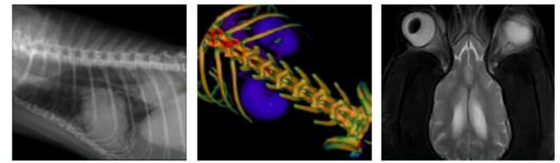


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Cinder Eider

SPECIES

Canine

BREED

Sheepdog, Shetland Mix

SEX

FS

AGE

6 Years, 9 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Dr. Brad Bartholomay

INVOICE

57011

DATE

2-28-23

PRESENTING CLINICAL SIGNS

Fell off patio Dec. 24th, and has been consistently lame on her LF since. Also has the chronic R side weakness. Has been giving gabapentin and vetprofen with no improvement. Grade 3/5 LF lameness. No pain elicited to carpus, elbow or spine. Mild neck pain. 2/24/23-P has been seen recently several times for same issue w/ no improvement. P is becoming more and more painful on L front limb (whimpering and crying, yelping out in pain with certain movements); P is not sleeping throughout the night due to pain. P will occassional be weight-bearing, but now is completely not weight-bearing from this weekend. *P has very little activity, other than going outside to the bathroom; P is carried upstairs everyday. P lays at night with front L limb tucked up and lots of licking on that leg. P is giving the following medication as prescribed: *Methocarbamal 750 mg - 1 tab BID to TID *Vetprofen 100 mg - 1/2 tab BID (Vetprofen dose has been increased last night) *Gabapentin 300 mg - 1 cap TID *Amitriptyline 50 mg - 1/2 tab BID P had previous weakness/nerve damage to R side of body, so O is more concerned with the L side now not working. P has a hard time walking, especially on slippery floors, and often splays out back legs and uses "swimming motion" to try and move around. 2/28/23 Still no improvement.
Abnormal PE/Chem/CBC/UA Results: Chem 10 - Elevated ALKP- 1100, ALT- 336 CBC- Elevated Retics- 131.6

COMPUTED TOMOGRAPHY OF THE THORAX AND FRONT LIMBS

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

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates T7/T8 present mild spondylosis formation.

A marked intracapsular soft tissue swelling of the left shoulder joint is seen, resulting in a multilobular mass extending along the left proximal humerus and penetrating the cortex of the left humerus. The proximal third of the left humerus presents an ill-defined zone with permeative osteolysis and multiple lytic lesions of the lateral cortex at the same level. A second peripherally accentuated contrast enhancing spindle shaped mass is appreciated at the caudomedial aspect of the left brachium, extending up to the level of the left elbow joint.

The subcutaneous fat along the pictured parts of the left front limb presents moderate fat-stranding and is swollen.

The left axillary lymph node is prominent.

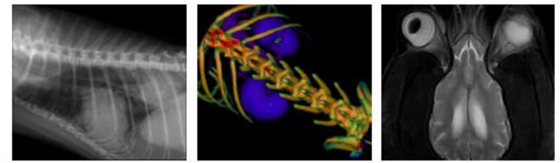
The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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.

Multiple well-defined soft tissue attenuating nodules, measuring up to 4.5 mm in diameter are seen throughout the lung lobes.

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



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abnormal dilation.

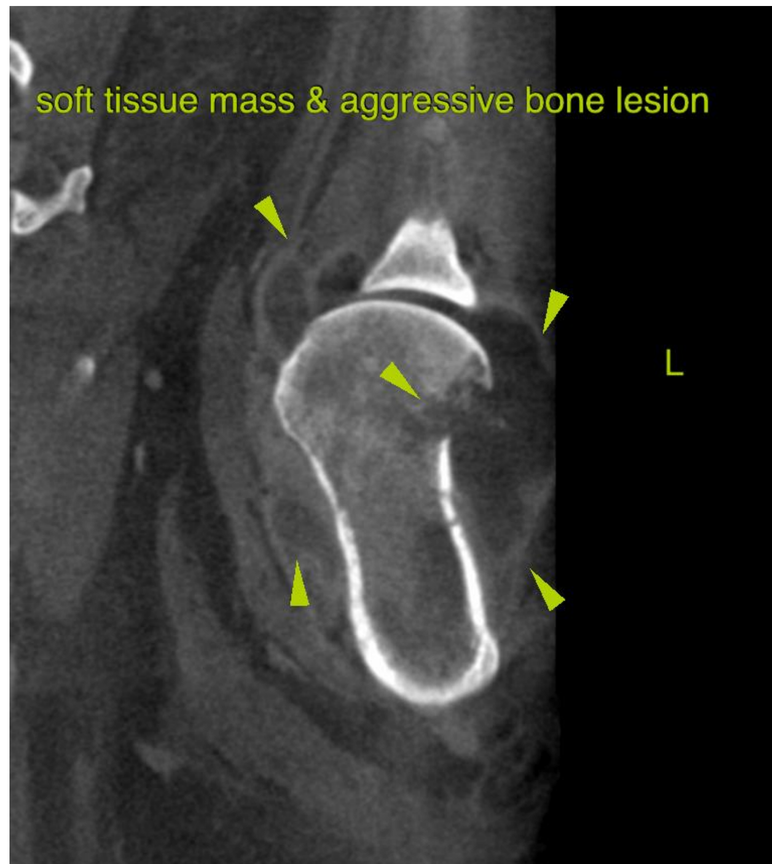
COMPUTED TOMOGRAPHIC DIAGNOSIS

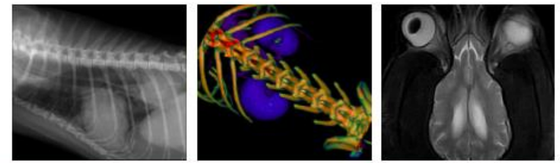
- Monostotic aggressive osteolytic lesion left proximal humerus
- Marked articular swelling left shoulder joint with invasion of the left proximal humerus
- Soft tissue mass caudomedial aspect left brachium
- Lymphadenopathy left axillary lymph node
- Structured nodular interstitial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The marked distension of the left shoulder joint and the mass at the caudomedial aspect of the left brachium are highly suggestive for primary soft tissue neoplasia with metastasis/invasion of the left proximal humerus (e.g. hemangiosarcoma, round cell tumor) – although no aggressive bone lesions of the left scapular are appreciated the odds for primary tumor of bone (e.g. osteosarcoma) are considered lower here. Recommend FNA sampling/biopsy for further workup.

The structured nodular lung pattern and the enlarged left axillary lymph node indicate metastatic disease.





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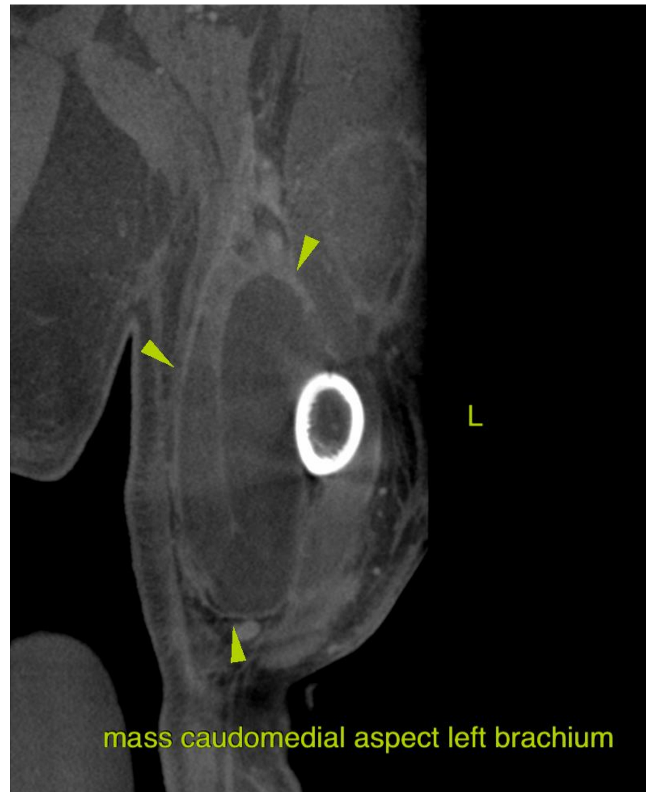

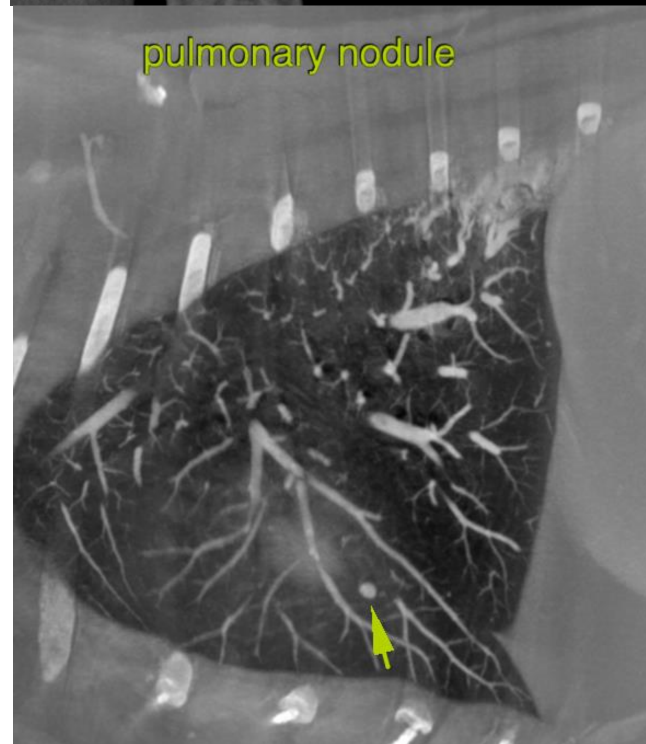

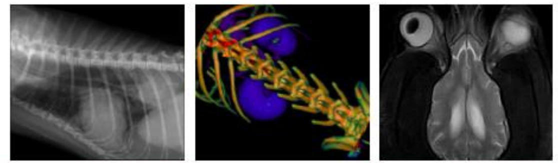

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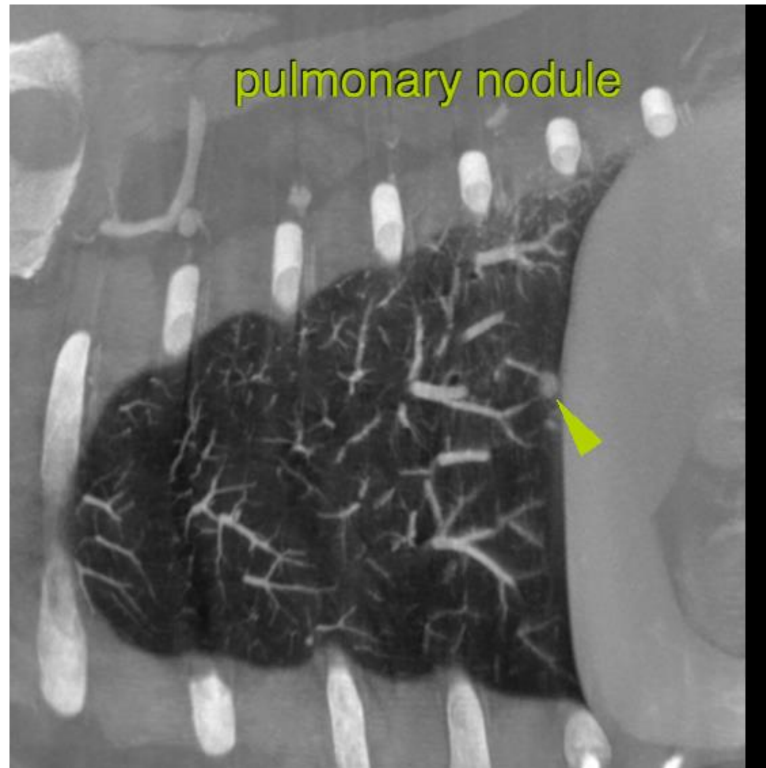

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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