



PATIENT

Kaiser Burnett

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

88

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Cynthia Maro

HOSPITAL NAME

Cranberry Holistic PC

REFERRING VET

Dr. Cynthia Maro

INVOICE

35771

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Pet has osteosarcoma of the LEFT hock. CT scans of the lung field and LEFT hock were performed to evaluate for metastasis and spread of the mass of the LEFT hock.

COMPUTED TOMOGRAPHY OF THE THORAX AND LEFT DISTAL HIND LIMB

A high-resolution plain CT study of the thorax and distal segment of the left hind limb is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Only the cranial third of the thorax is included in the field of view.

Along the caudal aspect of the cervical spine, multifocal spondylosis formation is seen.

The sternal & cranial mediastinal lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

Multifocal throughout the cranial lung field, well-defined, variable sized, soft tissue attenuating nodules; measuring up to 4 mm in diameter are seen.

The esophagus is moderately distended by gas.

Left Hind Limb

The distal third of the left tibia & fibula presents an ill-defined zone with permeative osteolysis, advanced cortical destruction and amorphous periosteal new bone formation. A soft tissue swelling is centered on the left distal tibia and fibula.

Moderate exostosis formation is seen along the left sustentaculum tali. The remainder of the osseous and soft tissue structures of the left tarsus are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive predominant osteolytic lesion left distal tibia and fibula with associated soft tissue mass
- Structured nodular interstitial lung pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of osteosarcoma of the left tibia with possible secondary involvement of the left fibula. The lung pattern is indicative for pulmonary metastatic spread.



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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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com