



PATIENT PRESENTING CLINICAL SIGNS

Russ Woodside Firm SQ mass at left axillary region.
 Abnormal PE/Chem/CBC/UA Results: FNA: low cellularity, abundant debris possibly mineralized.

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

BREED COMPUTED TOMOGRAPHIC FINDINGS

Lab Mix Thorax

SEX

Male Neutered

AGE

9 Years

Centered on the mid segment of the 7th left rib, a roundish, heterogeneous contrast enhancing mass, measuring approximately 6.5 x 5.1 x 7.3 cm in size. The 7th left rib presents permeative osteolytic lesions and moderate to marked amorphous periosteal new bone formation. The respective intercostal spaces are diverging due to the mass effect and the 6th & 8th left rib being in contact with the mass present mild immature periosteal new bone formation. The costal mass is bulging in the left pleural cavity – presenting an extrapleural mass effect on the left caudal lung lobe – and the subcutaneous tissue. Focal compression atelectasis of the left caudal lung lobe, level with the mass, is seen. The remainder of the lung parenchyma present the expected architecture and attenuation behavior with interspersed punctuate mineralization.

Multifocal moderate spondylosis formation is seen along the thoracic spine.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

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.

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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.

REFERRING VET

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

Abdomen

INVOICE

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

DATE

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The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



PATIENT The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

Russ Woodside

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

SPECIES

Canine

The medial iliac lymph nodes bilaterally are prominent, the normal short-to-long-axis ratio is maintained <0.5.

BREED

Lab Mix

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 70% of the cross-sectional area of the vertebral canal at the same level. Both coxofemoral joints present marked osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the femoral heads are in a dorsally subluxated position with the center of the femoral heads being lateral to the dorsal acetabular rim.

SEX

Male Neutered

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive predominant osteoproliferative lesion left 7th rib with secondary periosteal new bone formation at the adjacent ribs.
- Lymphadenopathy medial iliac lymph nodes bilaterally
- Degenerative lumbosacral stenosis
- Advanced degenerative osteoarthritis coxofemoral joints due to hip dysplasia
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass originating from the left thoracic wall is consistent with primary osseous neoplasia, originating from the 7th left rib. Differentials include osteosarcoma, chondrosarcoma, fibrosarcoma, hemangiosarcoma, other. Secondary mild reactive periostitis of the adjacent ribs. Complete surgical excision of the mass, by resection of the affected segment – 4th intercostal space cranially and 9th intercostal space caudally – of the thoracic wall is feasible.

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The odds for reactive hyperplasia of the medial iliac lymph nodes are high – ultrasound guided FNA sampling can be performed for further definition.

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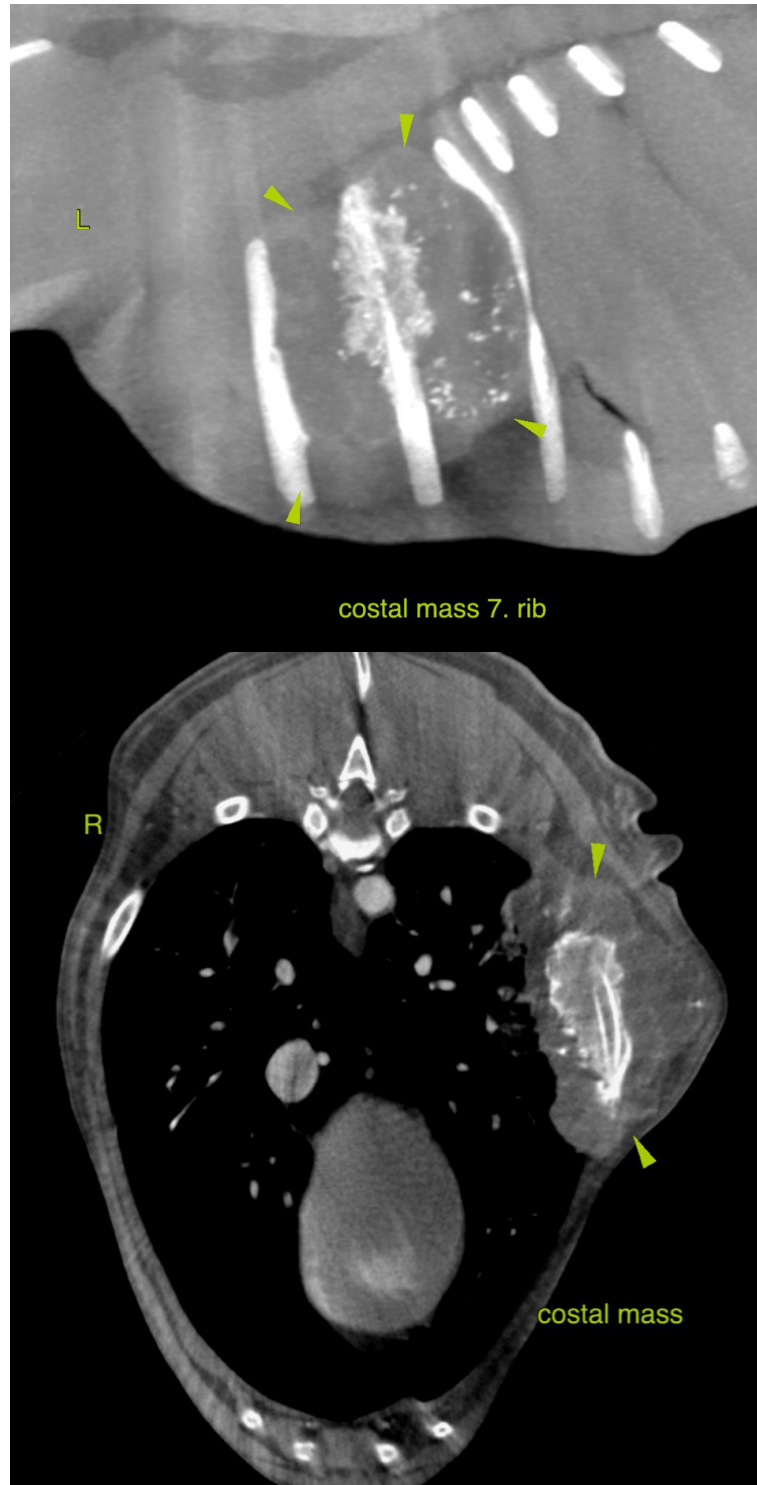
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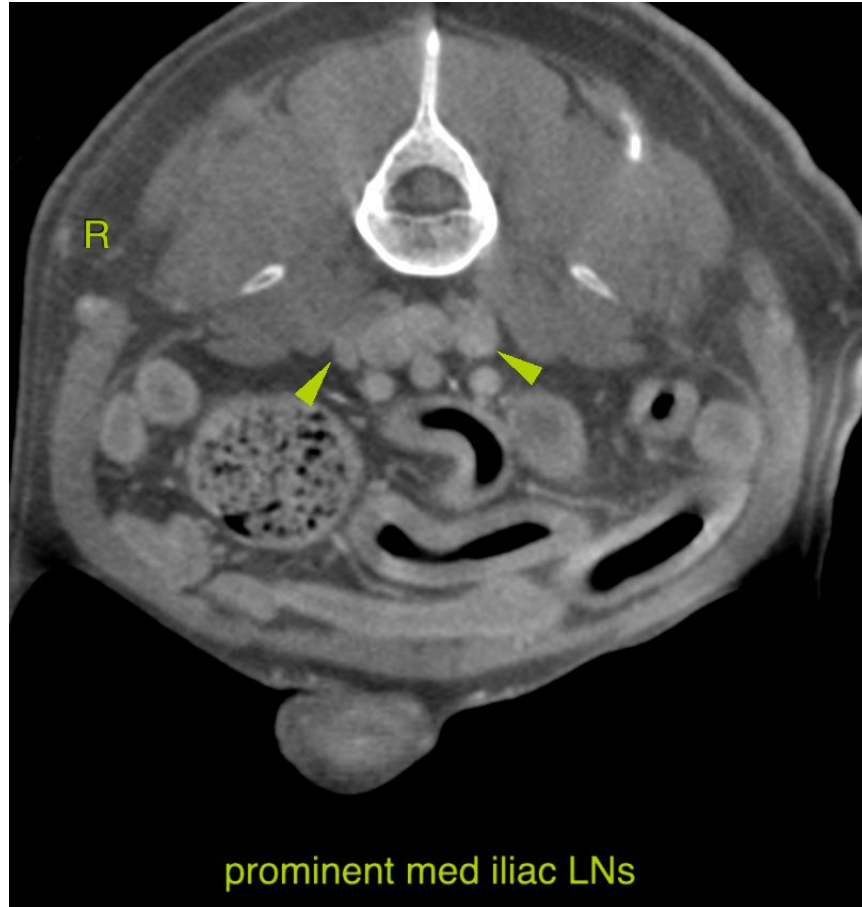
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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