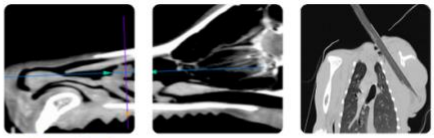


PATIENT

Mavis Smith

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Female

AGE

9

WEIGHT

25

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Dr. Viktoria Gounari

HOSPITAL NAME

Animal Trust Bolton

REFERRING VET

Dr. Viktoria Gounari

INVOICE

36079

DATE

3/3/26

PRESENTING CLINICAL SIGNS

History of ongoing lameness. According to radiographic study high chance of left fore limb lameness. Possible nodule inside thorax as well. CT for grading purposes. please interpretate thorax, abdomen and LFL. (Could not choose it on the settings above)

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT FRONT LIMB, THORAX AND ABDOMEN

A high-resolution plain CT study of the thorax, left front limb and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax & Left Front Limb

The osseous and surrounding soft tissue structures of the left shoulder joint reveal no abnormalities.

The proximal and mid third of the diaphysis of the left humerus present an ill-defined zone with mild expansile, moth eaten osteolysis, along with cortical destruction and immature very mild periosteal new bone formation.

The periarticular bones of the left elbow joint present mild to moderate osteophyte new bone formation. The cranial tip of the medial coronoid process of the left elbow joint is elongated and has a decreased density – the tip is demarcated by an ill-defined fissure line.

The osseous and surrounding soft tissue structures of the left antebrachium, carpus and front paw reveal no abnormalities.

Along the thoracic spine, multifocal spondylosis formation is seen.

At the cranial aspect of the aortic arch, an isolated small mineralized body is seen.

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.

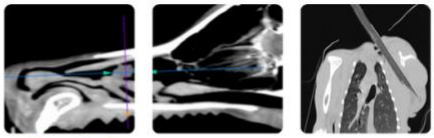
The lung parenchyma presents multiple zones with dystelectasis – accentuated the cranioventral aspects of the lung. Randomly distributed punctuate mineralization of the lung parenchyma is seen.

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

Abdomen

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.



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Originating from the right adrenal gland, an ovoid shaped, mass is seen; measuring 2.7 x 2.2 x 2.8 cm.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous.

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

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion proximal half diaphysis left humerus
- Soft tissue mass right adrenal gland
- Coronoid disease left elbow joint
- Osteoarthrosis left elbow joint
- Small dystrophic mineralization cranial to aortic arch
- Spondylosis deformans
- Pulmonary osteomas
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The aggressive osteolytic bone lesion of the left humerus is concerning for primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, hemangiosarcoma, other. Due to the unusual diaphyseal position of the aggressive bone lesion bone metastasis is a consideration – possible of the right adrenal mass (but would be rare). FNA sampling can be performed as advanced minimally invasive diagnostic tool.

Differentials for the right adrenal mass include (non)functional nodular hyperplasia versus primary soft tissue neoplasia (e.g. adenoma, adenocarcinoma, pheochromocytoma).

The lung presents without signs of metastatic disease, although small intraparenchymal lesions can be missed in the dystelectatic areas of the lung parenchyma.

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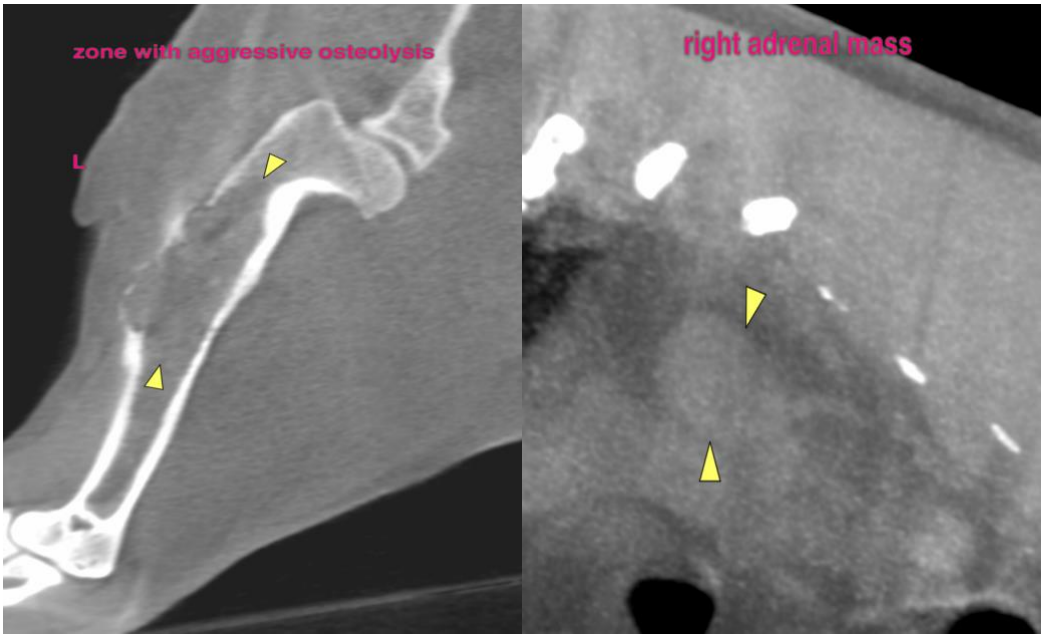

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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