



PATIENT PRESENTING CLINICAL SIGNS

Indy Olsen
 she has three pins in her right femoral head. The lameness is progressive. Radiographs were taken last month. CT scan is requested in preparation for total hip replacement. Previous diagnosis: HBC - femoral head and neck fracture, pinned. TPLO - left knee. Purpose of CT scan: Diagnostic, surgical Location of CT scan: Hips/pelvis Limping: Yes, non weight bearing Therapies tried and response: carprofen - not much difference, laser therapy - only seemed to help less than a day. Current medication: carprofen, joint supplement, fish oil Current signs: Limping Appetite and activity level: Good

SPECIES
 Canine

BREED
 Akbash

SEX
 SF

COMPUTED TOMOGRAPHY OF THE PELVIS

AGE
 5 Years
 A high resolution pre- and post-contrast CT study of the pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The volume of the right thigh musculature is moderately decreased.

Centered on the proximal half of the right femur, an ill-defined, irregular margined, heterogeneous contrast enhancing mass with amorphous periosteal new bone formation is visible. The mass is measuring approximately 12 cm in diameter and 14.2 cm in length. The proximal segment of the right femur presents with sporadic moth eaten osteolytic lesions of the cortex.

The right femoral head is misshapen and three surgical pins are seen in the right femoral head & neck. The right acetabular groove is shallow, and the right femoral head is subluxated dorsally. The periarticular bones of the right femoral head present moderate osteophyte new bone formation.

A TPLO implant is seen at the proximomedial aspect of the left tibia. The pictured parts of the left stifle joint present moderate osteophyte new bone formation.

The right medial iliac lymph node is prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass centered on the proximal right femur with monostotic aggressive mixed mild osteoproliferative and osteolytic lesions
- Disuse atrophy right thigh musculature
- Lymphadenopathy right medial iliac lymph node
- History of right sided fracture of femoral head & neck, treated with three pins

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Will Becker

INVOICE

51470

DATE

4-11-22



PATIENT

Indy Olsen

- Secondary chronic osseous remodeling of the right coxofemoral joint
- History of surgical management of left sided cranial cruciate ligament rupture by TPLO
- Degenerative osteoarthritis right stifle joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The findings are consistent with primary osseous neoplasia of the right proximal femur – potentially as a sequela to the preceding fracture. Differentials include (periosteal) osteosarcoma, chondrosarcoma, round cell tumor, hemangiosarcoma, fibrosarcoma. Biopsy of the right femoral mass has already been performed for further definition and results are pending.

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The prominent left medial iliac lymph node is equivocal for reactive hyperplasia or metastatic spread. Ultrasound guided FNA sampling can be used for further definition.

Recommend complementing full tumor staging by 3-view thoracic radiographs.

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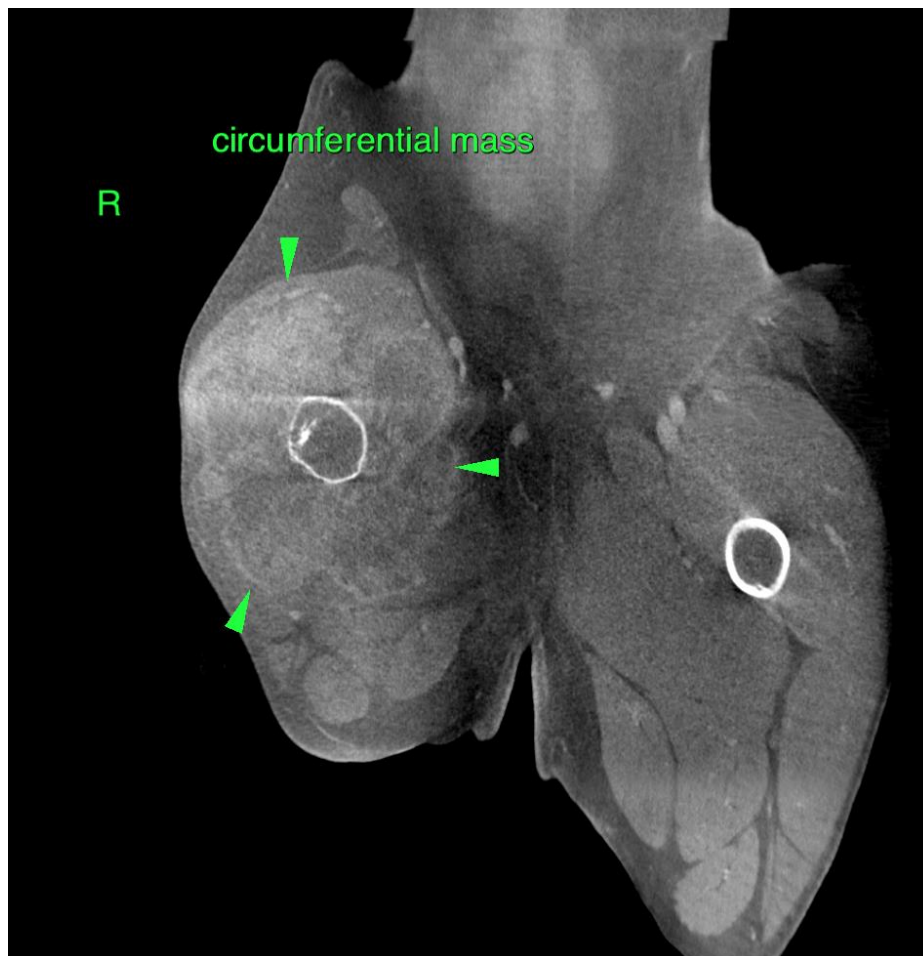
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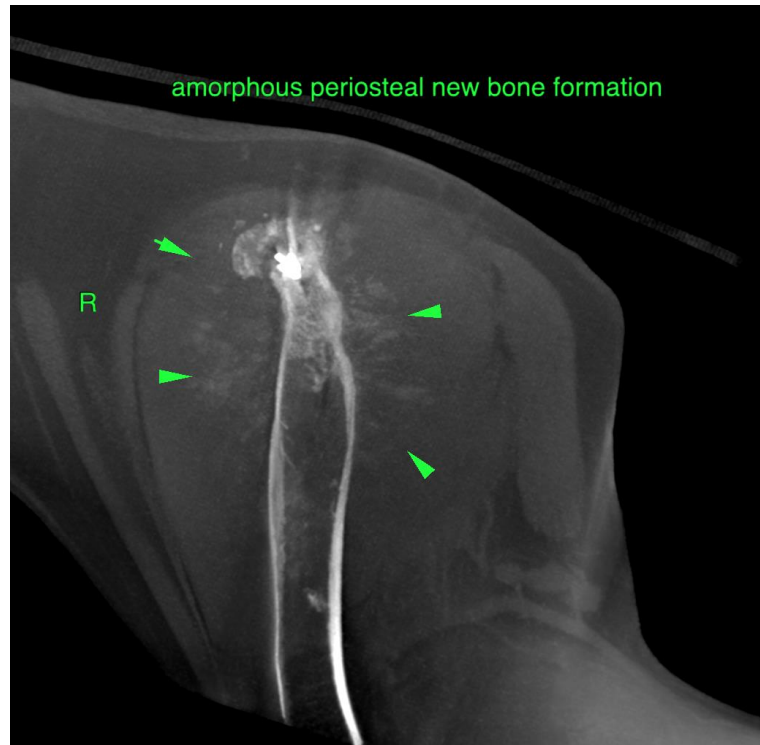
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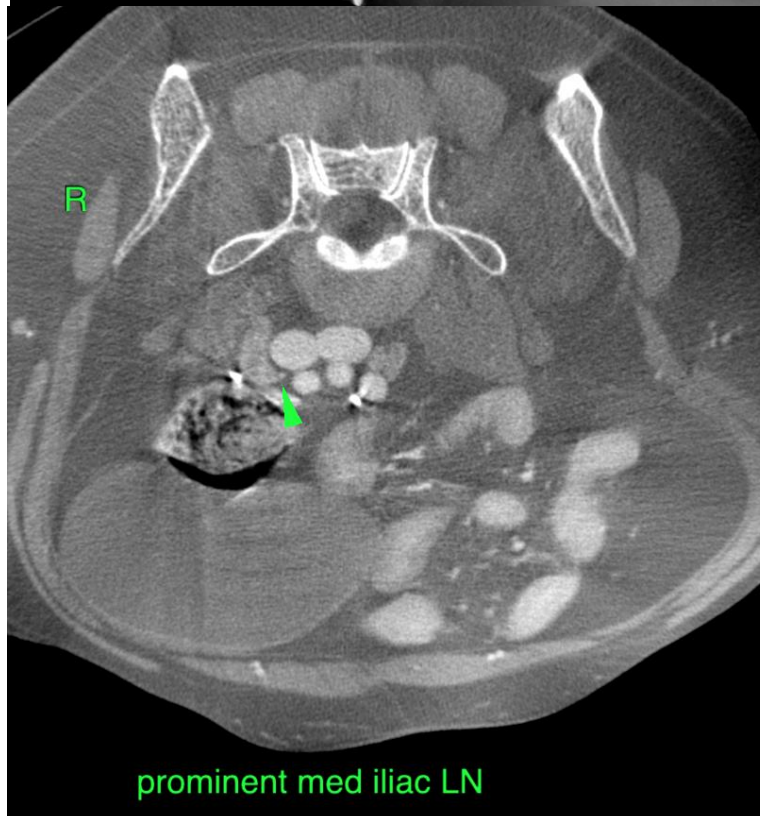
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amorphous periosteal new bone formation

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prominent med iliac LN

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Indy Olsen

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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.

BREED

Akbash

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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