



## PATIENT

Ace Crespo

## SPECIES

Canine

## BREED

Jack Russel Terrier

## SEX

M

## AGE

4Y, 9

## WEIGHT

21lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Monika Salgado

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

74571

## DATE

4-13-26

## PRESENTING CLINICAL SIGNS

Referred from somewhere else with a history of left side 8th rib periosteal reaction as an incidental finding.

Abnormal PE/Chem/CBC/UA Results: Unremarkable

## COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Thorax

The proximal two third of the 8<sup>th</sup> left rib present solid but rough periosteal new bone formation. A significant soft tissue swelling with a mild irregular contrast enhancement pattern is appreciated along the 7<sup>th</sup> left intercostal space – centered on the 8<sup>th</sup> left rib. The left caudal lung lobe is focally distorted by the extrapleural mass effect and presents localized dystelectasis.

Irregular exostosis formation is seen between the spinous process of T7 & T8.

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 the expected architecture and attenuation behavior.

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. After contrast administration, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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.

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

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.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic semiaggressive osteoproliferative lesions 8<sup>th</sup> left rib with associated soft tissue swelling 7<sup>th</sup> left intercostal space
- Exostosis formation between spinous process T7 & T8
- No evidence of pulmonary metastatic disease
- Normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osteoproliferative lesions along the 8<sup>th</sup> left rib in combination with the soft tissue swelling are highly suggestive for to be inflammatory in origin – due to the monostotic appearance the odds for osteomyelitis/periostitis with secondary soft tissue swelling are higher than primary soft tissue inflammation (e.g. migrating foreign material). In the latter case I would expect osseous changes along neighboring ribs as well. A traumatic sterile osteomyelitis is a potential as well – the exostosis formation along the spinous process T7/T8 may support the diagnosis for traumatic origin. The changes are unusual for neoplastic entity. Biopsy including sampling for microbial culture can be performed as advanced diagnostic tools. An ultrasound examination of the soft tissue swelling will help to rule out isoattenuating foreign material that may be missed by CT.





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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  
[info@sonopath.com](mailto:info@sonopath.com)