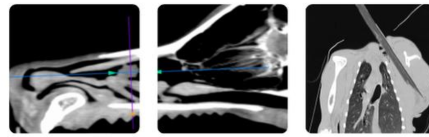


PATIENT

Dezzie Bruning

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8Y, 7M

WEIGHT

44.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica R.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

74570

DATE

4-13-26

PRESENTING CLINICAL SIGNS

Swollen left elbow and LFL lameness starting in late Jan 2026. In-house cytology of joint fluid was predominantly neutrophils on 02/18/26 and Dezzie was treated for suspected septic arthritis clavamox + enrofloxacin. Dezzie did not improve so joint taps + synovial punch biopsy were repeated 04/01/26 and confirmed sarcoma. Amputation recommended but owner elected for a CT scan to screen for metastasis prior to left forelimb amputation. Pre-anesthesia labs showed very low platelets. AFAST scan did not show any free fluid in abdomen. Suspected splenic mass on CT scan and tumor is visualized in the left elbow.
Abnormal PE/Chem/CBC/UA Results: RBC 2.87 M/uL, HCT 15.3%, HGB 5.6 g/dL, MCV 53.3 fL, MCH 19.5 pg, RDW 22.7%, EOS 0.01 K/uL, PLT 13 K/uL, MPV 17.6 fL, PCT 0.02%, BUN 6mg/dL, GLOB 5.3 g/dL, CHOL 77mg/dL

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 left axillary lymph node is enlarged, measuring 7.6 x 3.6 x 6.8 cm and has a heterogeneous contrast enhancement pattern. The left cervical superficial lymph node is prominent.

The left elbow joint presents a significant periarticular soft tissue swelling and the periarticular bones present ill-defined geographic osteolytic lesions.

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

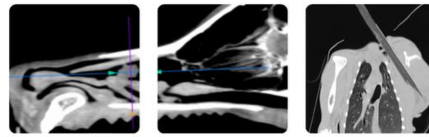
Multiple streak and motion artifacts are appreciated throughout the abdomen.

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.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.



PATIENT

Dezzie Bruning

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8Y, 7M

WEIGHT

44.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica R.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

74570

DATE

4-13-26

The splenic volume is moderately increased. The caudal extremity of the spleen presents focal roundish lesion with localized convexity of the splenic margin and localized mild heterogeneous contrast uptake; the affected area of the spleen presents a mild irregular contrast enhancement pattern.

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

In the subcutaneous tissue at the left cranioventral abdominal wall, a well-defined, ovoid shaped lipoma is seen; measuring up to 9.6 x 3.5 x 10.0 cm

Along the lumbar spine, multifocal spondylosis formation is seen.

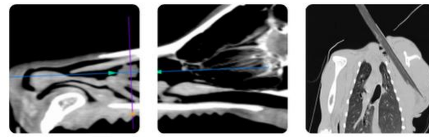
COMPUTED TOMOGRAPHIC DIAGNOSIS

- History aggressive soft tissue neoplasia of the synovial capsule left elbow joint with polyostotic aggressive osteolytic lesions of the periarticular bones
- Lymphadenopathy left axillary lymph node and left superficial cervical lymph node
- Splenic soft tissue nodule caudal extremity of the spleen
- Splenomegaly
- Subcutaneous lipoma left cranioventral abdominal wall
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The enlarged right axillary lymph node is consistent with metastatic spread.

The splenic nodule is not specific, and potentials include nodular hyperplasia, hematoma or neoplastic transformation (primary versus metastasis). FNA sampling of the splenic nodule may be performed for specification.



PATIENT

Dezzie Bruning

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8Y, 7M

WEIGHT

44.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica R.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

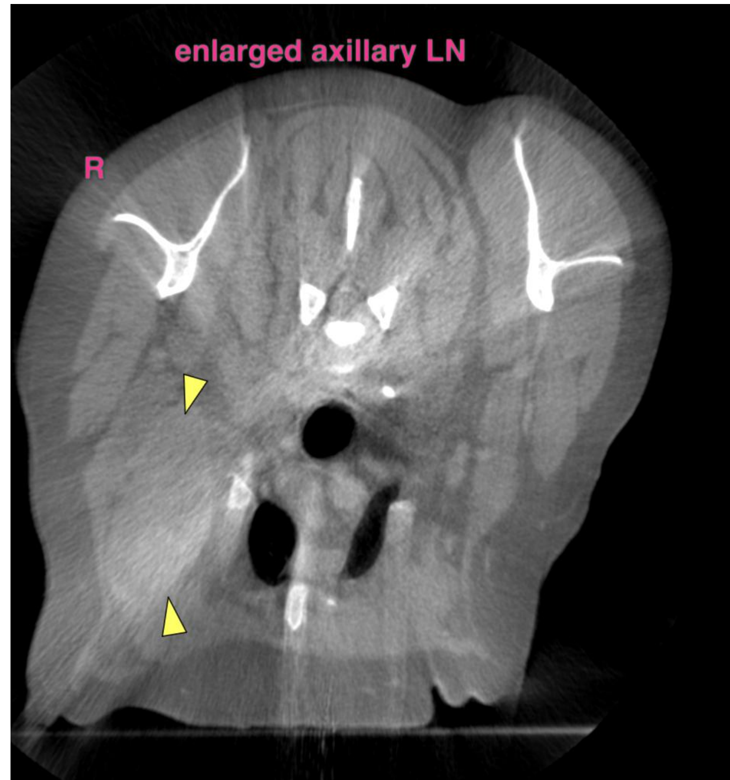
Dr. Seth Bleakley

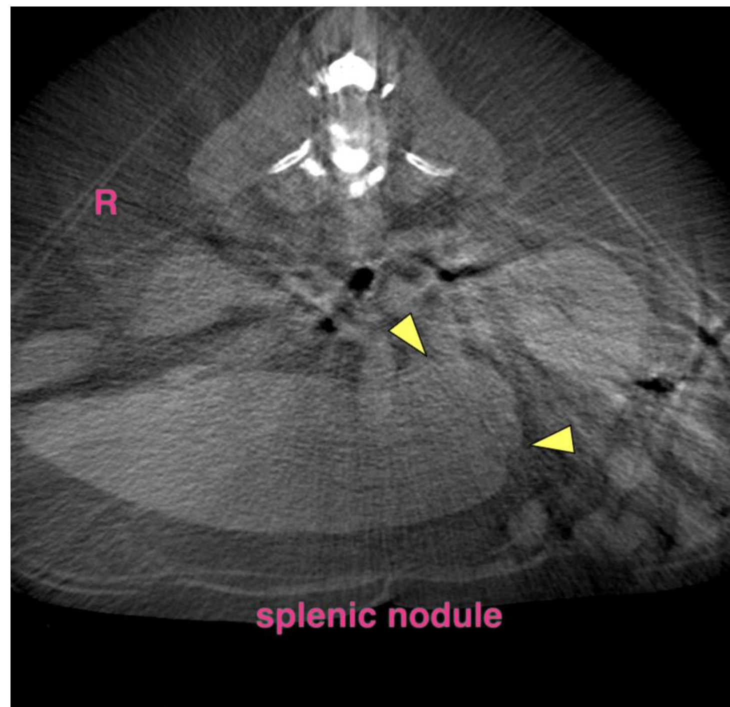
INVOICE

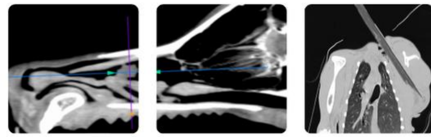
74570

DATE

4-13-26







PATIENT

Dezzie Bruning

SPECIES

Canine

BREED

Golden Retriever

SEX

Male Neutered

AGE

8Y, 7M

WEIGHT

44.9kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica R.

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

74570

DATE

4-13-26

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