



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bennington Emerizy
SPECIES Canine
BREED Cane Corso

Left front limb amputated (amputation 10/8/21) due to osteosarcoma of proximal humerus (Sonopath radiology reviewed 9/29/21 by Nele Eley, DVM). About a week ago pt bumped left hind limb and has since been carrying it differently and has become more restless. Pt currently on Carprofen, Gabapentin for pain and receives Gabapentin & Trazodone prior to visits due to temperament. Patient received carboplatin chemotherapy protocol through VCVREC, which was given as an IV injection once every 3 weeks for 6 treatments. Chest X-rays on 12/30/21 were clear. He received his final treatment on 2/10/22. Patient was evaluated 3/31/22 by oncologist and was deemed in remission due to clear chest radiographs that day.

RADIOGRAPHIC STUDY OF THE THORAX AND LEFT STIFLE JOINT

Radiographs of the thorax and left stifle joint in two orthogonal imaging planes are provided for review

SEX RADIOGRAPHIC FINDINGS

Male Neutered

Thorax

The vertebral endplates T4/T5 present mild spondylosis formation.

AGE

6 Years, 4 Months

The front limb including the left scapula are absent.

Moderate generalized sclerosis of the vertebral body of T9 is appreciated and at the ventral aspect the vertebral body of T9 presents immature periosteal new bone formation.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

HOSPITAL NAME

POCONO PEAK
 VETERINARY
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The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

REFERRING VET

Dr. Christine Coyle

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

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Left stifle joint

The left distal femoral diaphysis presents an ill-defined with permeative osteolytic lesions and immature periosteal new bone formation.

DATE

5-5-22

Otherwise, the osseous margins of the left stifle joint are smooth and there is no evidence of intracapsular soft tissue swelling.



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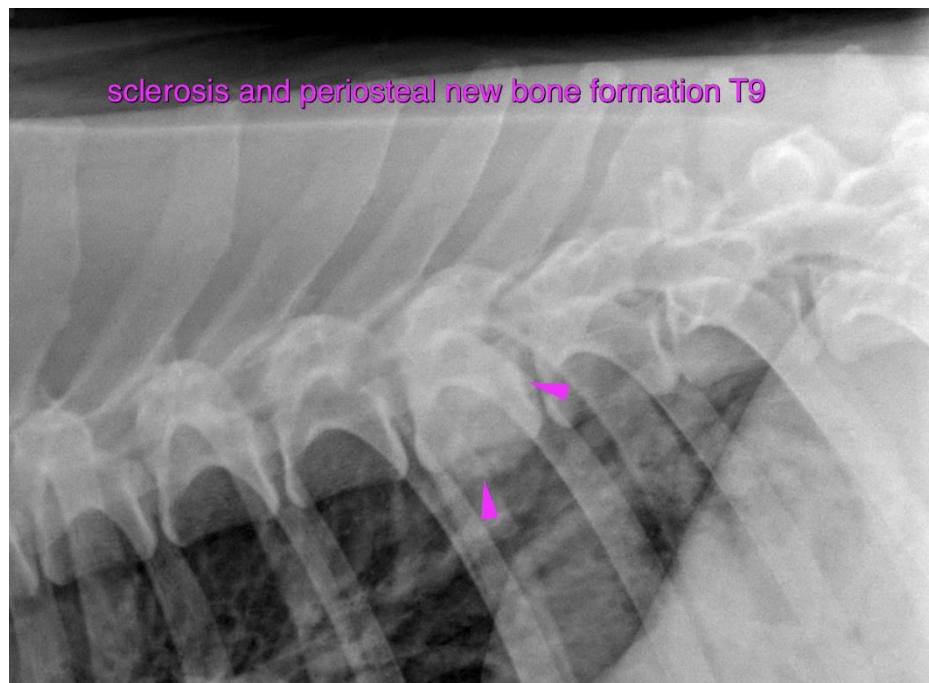
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RADIOGRAPHIC DIAGNOSIS

- History of amputation left front limb
- Suspect polyostotic mixed mild osteolytic and osteoproliferative lesions vertebral body T9 and distal left femur

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are concerning for skeletal metastasis, although unusual osteosarcoma of the left humerus is considered as the primary tumor. Rule out other abdominal tumors, that may have metastasized into the bone. Theoretically mycotic osteomyelitis is a consideration as well. Bone biopsy/FNA sampling of the left femur can be used as advanced diagnostic tool.





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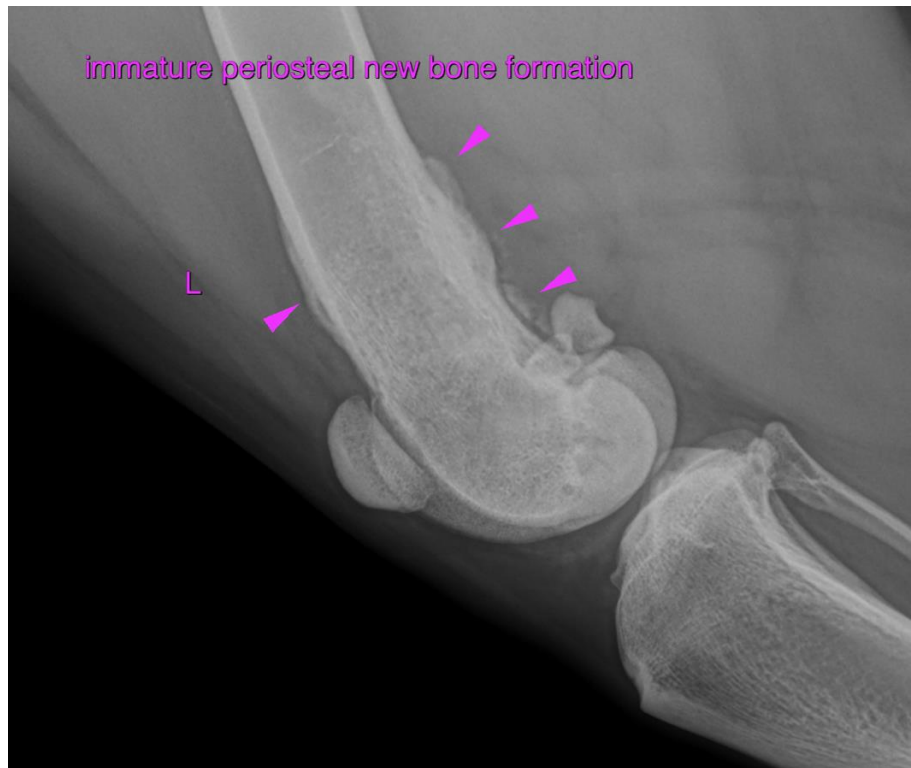
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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