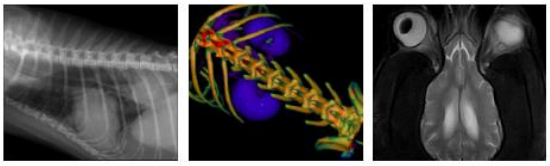

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Wilson

SPECIES

Canine

BREED

Pug Mix

SEX

Female Spayed

AGE

12 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

St. Catherine's Animal Hospital

REFERRING VET

Dr Jui Gokhale

INVOICE

52475

DATE

6-15-22

PRESENTING CLINICAL SIGNS

mass around the left stifle joint, not up to date on vaccines, not on ticks/flea prevention, mucus covered loose stools for 2 days
Abnormal PE/Chem/CBC/UA Results: Firm, non-movable mass, discomfort on manipulation of the left stifle joint, BW- basophilia, neutrophilia, lymphopenia, elevated TP (due to dehydration?) rest is WNL severe halitosis, advanced periodontal disease

RADIOGRAPHIC STUDY OF THE THORAX AND STIFLE JOINTS

Radiographs of the thorax in three imaging planes and the left stifle joint in a mediolateral projection are provided for review.

RADIOGRAPHIC FINDINGS

Thorax

Superimposed on the proximal margin of one scapula, an ill-defined roundish zone with increased radiopacity is appreciated in both lateral projections of the thorax – not appreciated in the VD view.

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.

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.

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.

Left stifle joint/crus

Level with the left gastrocnemius muscle, caudal to the proximal segment of the left tibia, a roundish, homogeneous soft tissue opaque mass is appreciated, measuring 8.5 cm in diameter. The osseous structures of the stifle joint and the crus present without abnormalities.

The soft tissue shadow of the left popliteal lymph node presents the expected size and shape.

RADIOGRAPHIC DIAGNOSIS

- Soft tissue mass region of left gastrocnemius muscle
- Zone with increased radiopacity proximal margin of one scapula
- No evidence of pulmonary metastatic disease

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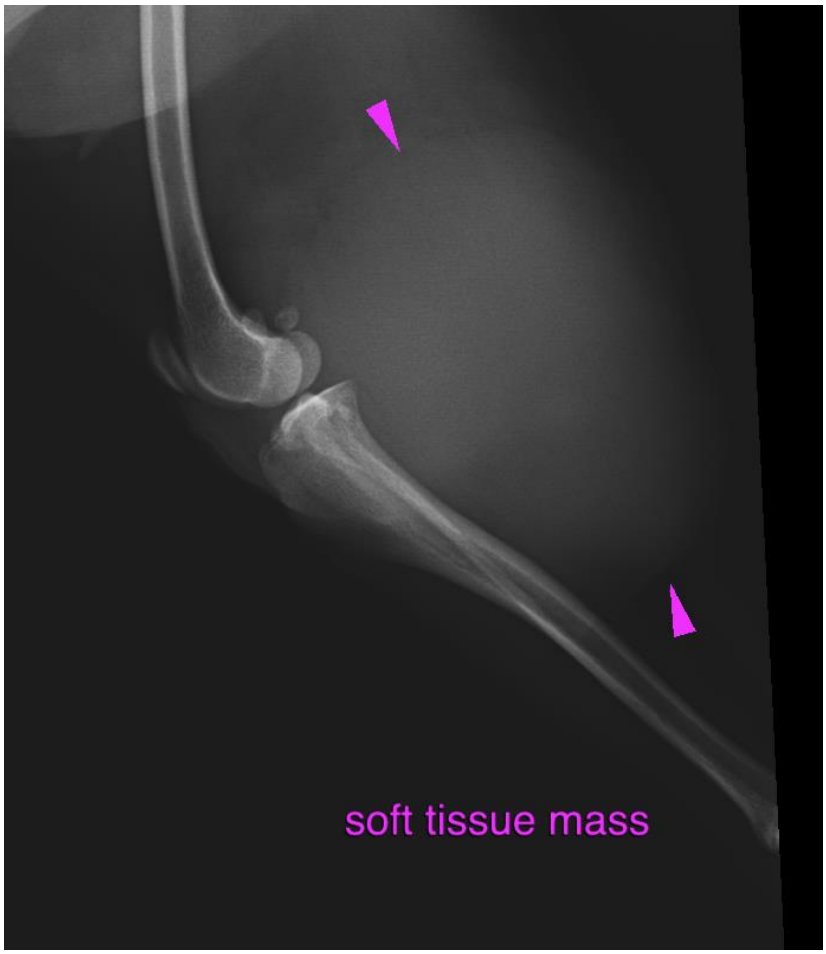
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue mass at the caudal aspect of the left crus is suggestive for soft tissue neoplasm without evidence of osseous involvement. Theoretically granuloma, cyst, hematoma or abscess are differentials, but this appears less likely here. FNA sampling or biopsy can be used as advanced diagnostic tests.

There is a zone of increased radiopacity superimposed on the proximal margin of one scapular, this can be a sequela to superimposition with physiological soft tissue structures or present a ill-defined zone of periosteal new bone formation (e.g. due to metastasis). Palpate the scapula bilaterally, to check for pain or swelling. Ultrasound or CT can be used to rule in/out to rule in/out a 'real' lesion entirely.



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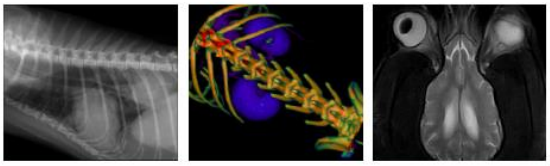

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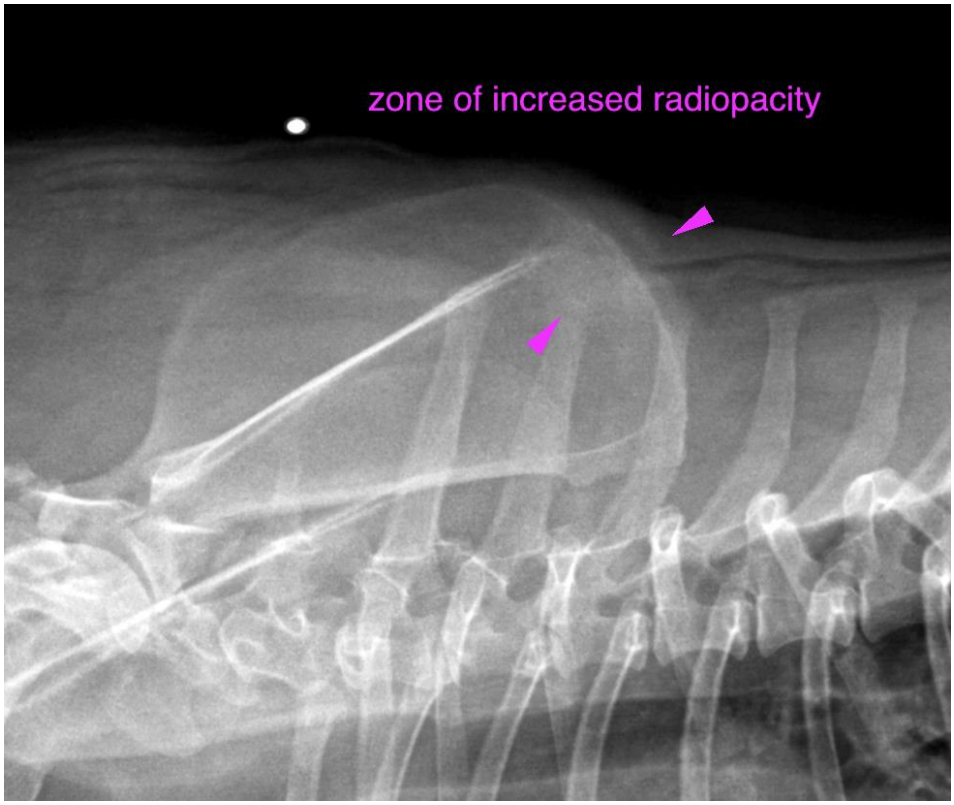

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com