



**PATIENT PRESENTING CLINICAL SIGNS**

Hugo Binks History: Licking around R elbow, got a bit raw so they started abx. Last week on a walk collapsed, couldn't use RFL. Went for rads the next day and suspected cancer. Walking on it a bit better with pain meds/anti-inflammatories

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND ABDOMEN**

A pre- and post-contrast CT study of the thorax and abdomen in a bone, lung and soft tissue reconstruction are provided for review.

**BREED**

Standard Poodle

**COMPUTED TOMOGRAPHIC FINDINGS**

**Thorax**

**SEX**

Neutered Male

A vacuum phenomenon is appreciated in the intervertebral disc space C6/C7 and the respective intervertebral disc is mildly protruding into the vertebral canal, occupying approximately up to 10% of the cross-sectional area of the vertebral canal at the same level.

**AGE**

11 Years

The proximal diaphysis of the right ulna presents an ill-defined zone with moth eaten osteolytic lesions and associated cortical destruction.

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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

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.

**HOSPITAL NAME**

Animal Health  
Partners

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.

**REFERRING VET**

Dr. Debbie Reynolds

**Abdomen**

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

**INVOICE**

16293

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.

**DATE**

6/23/22



**PATIENT**

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

**SPECIES**

Canine In the parenchyma of the caudal extremity of the spleen, a pre and post contrast hypoattenuating roundish lesion, measuring 17 mm in diameter is appreciated, causing mild convex bulging of the splenic capsule. There is second roundish lesion visible in the parenchyma of the caudal extremity of the spleen, presenting post contrast hyperattenuating pattern.

**BREED**

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

Standard Poodle

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

**SEX**

The vertebral endplates L2/L3 present mild spondylosis formation.

Neutered Male

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**AGE**

11 Years

- Monostotic aggressive osteolytic lesion right proximal ulnar diaphysis
- Splenic intraparenchymal nodule, caudal extremity of the spleen
- Mild intervertebral disc protrusion C6/C7 with possible dynamic myelocompression
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings confirm the diagnosis of an aggressive bone lesion of the proximal right ulna. The location for primary osseous neoplasia is unusual, but no other primary neoplasm but the splenic nodular lesions are appreciated and the odds for primary osseous neoplasia are considered high (e.g. osteosarcoma, chondrosarcoma, round-cell tumor, hemangiosarcoma, fibrosarcoma). However, osseous metastasis or osteomyelitis still need to be considered. Recommend FNA sampling ± bone biopsy for further workup.

**HOSPITAL NAME**

Animal Health  
Partners

The splenic nodules can present benign lesion (e.g. nodular hyperplasia) or splenic malignant neoplasia (e.g. round cell tumor, hemangiosarcoma) with metastatic spread to the right ulna. Recommend ultrasound guided FNA sampling of the splenic lesions for further differentiation.

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**PATIENT**

Hugo Binks

**SPECIES**

Canine

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**SEX**

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**AGE**

11 Years

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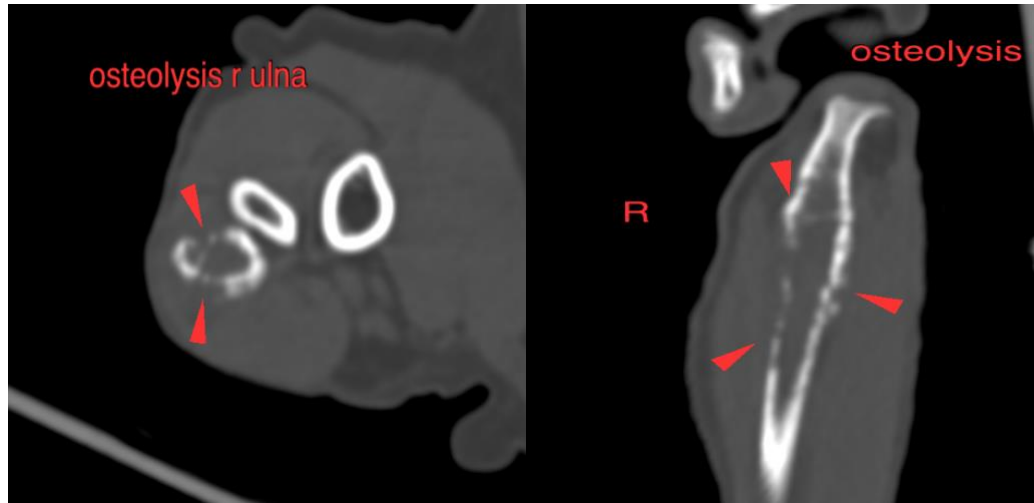
Dr. Debbie Reynolds

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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