



**PATIENT PRESENTING CLINICAL SIGNS**

Emmett Theodore History: Chief Complaint: limping on RF, unable to put weight on it since last week. Neurologic: abnormal, decreased CP on the right front leg, Alert/appropriate, CN deficits, no neck/back pain Musculoskeletal: abnormal, non weight bearing lameness on the right front leg, pain on extension and palpation of the right shoulder joint was noted. right front leg lameness r/o orthopedic vs neurologic vs neoplasia

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: 6/29/23- cbc/chem wnl

**BREED COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND SHOULDER JOINTS**

Pitbull

A high-resolution post-contrast CT study of the thorax including the shoulder joints is provided for review.

**SEX COMPUTED TOMOGRAPHIC FINDINGS**

Neutered Male

The distal third of the right scapula – including the scapular neck and glenoid cavity – present an ill-defined zone with permeative osteolysis, advanced cortical destruction and amorphous periosteal new bone formation. A circumferential heterogeneous contrast enhancing soft tissue swelling is appreciated level with the distal segment of the right scapula.

**AGE**

6 Years 1 Month

The right axillary lymph node is prominent.

The volume of the right brachial musculature is moderately decreased.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The osseous and soft tissue structures of the included segments of the left front limb are within normal limits.

**HOSPITAL NAME**

ASC- East Meadow

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.

**REFERRING VET**

Bellport AH

The lung parenchyma presents moderate motion artefacts. 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.

**INVOICE**

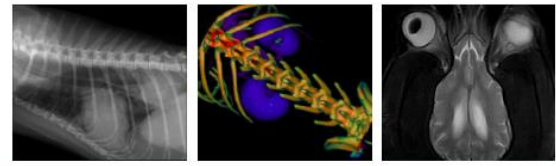
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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Monostotic aggressive osteolytic lesion right scapula
- Lymphadenopathy right axillary lymph node

**DATE**

7/13/23



**PATIENT** • No evidence of pulmonary metastatic disease

Emmett Theodore

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The aggressive bone lesion of the right scapula is compatible with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma, hemangiosarcoma, round cell tumor. FNA sampling or biopsy can be used for further differentiation. Amputation of the right front limb including scapulectomy is considered as a feasible treatment option.

**BREED**

Pitbull

The prominent right axillary lymph node can indicate metastatic disease – considered FNA sampling for further definition.

**SEX**

Neutered Male

**AGE**

6 Years 1 Month

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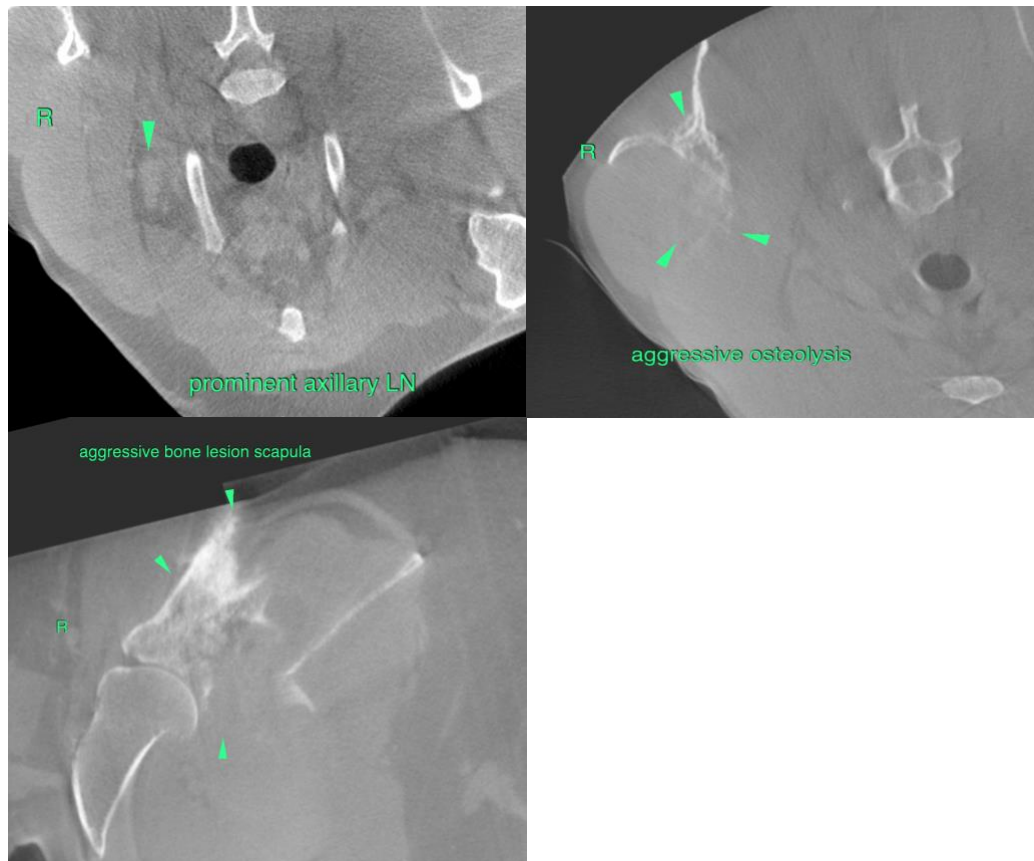
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**



**PATIENT**

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.

Emmett Theodore

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

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