



PATIENT PRESENTING CLINICAL SIGNS

Stella Leigh Akey P presented as a referral for CT of a mass above the left hip area. P is not lame and does not seem painful. Performed FNA after CT.
Abnormal PE/Chem/CBC/UA Results: BUN 31, ALT 287, ALP 1180

SPECIES COMPUTED TOMOGRAPHY OF THE THORAX AND ABDOMEN

Canine A high resolution pre- and post-contrast CT study of the thorax including the neck and abdomen are provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Airedale Terrier Thorax & Neck

The osseous and soft tissue structures of the neck are within normal limits.

SEX The periarticular bones of both shoulder joints present mild osteophyte new bone formation.

FS 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.

AGE The cardiovascular structures including the pulmonary vasculature are within normal limits.

10 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.

INTERPRETED BY

Multifocal throughout the lung parenchyma, well-defined soft tissue attenuating nodules are appreciated, measuring up to 6.5 mm in diameter.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

HOSPITAL NAME

Abdomen

Neel Veterinary
Hospital

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

REFERRING VET

Deepan Kishore,
DVM,MS, DABVP

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a both kidneys present parenchymal filling defects, <4 mm in diameter.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

INVOICE

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

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

DATE

The left medial iliac lymph node is prominent.

7-5-23

The vertebral endplates L4/L5 present spondylosis formation.



PATIENT Centered on the left iliac wing, an ill-defined, amorphous mineralizing mass is appreciated. The left iliac wing presents permeative osteolytic lesions as well as the left transverse process of L7. The mass is merging with the gluteal musculature laterally and the left epaxial musculature cranially.

Stella Leigh Akey

The left ala of the sacrum, the right transverse process of L6, the vertebral body of L5 present small ill-defined geographic osteolytic lesions respectively.

SPECIES

Canine

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Monostotic expansile mixed osteolytic and osteoproliferative mass left iliac wing – infiltrating the local musculature.
- Structured nodular interstitial lung pattern
- Polyostotic semiaggressive osteolytic lesions left ala of the sacrum, the right transverse process of L6, the vertebral body of L5
- Lymphadenopathy left medial iliac lymph node
- Renal cortical cysts bilaterally
- Spondylosis deformans L4/L5
- Mild degenerative osteoarthritis shoulder joints bilaterally

BREED

Airedale Terrier

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE The aggressive bone lesion originating from the left iliac wing is compatible with primary osseous neoplasia – such as osteosarcoma, chondrosarcoma, fibrosarcoma, hemangiosarcoma. FNA sampling has already been performed for further definition. Complete surgical excision of the mass is considered not feasible.

10

INTERPRETED BY

The structured nodular interstitial lung pattern is consistent with pulmonary metastatic disease.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The appreciated ill-defined geographic bone lesions can present osseous metastatic disease or present zones with fatty bone marrow replacement.

HOSPITAL NAME

Neel Veterinary
Hospital

The prominent left medial iliac lymph node is equivocal for reactive hyperplasia versus metastatic disease.

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PATIENT

Stella Leigh Akey

SPECIES

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Airedale Terrier

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REFERRING VET

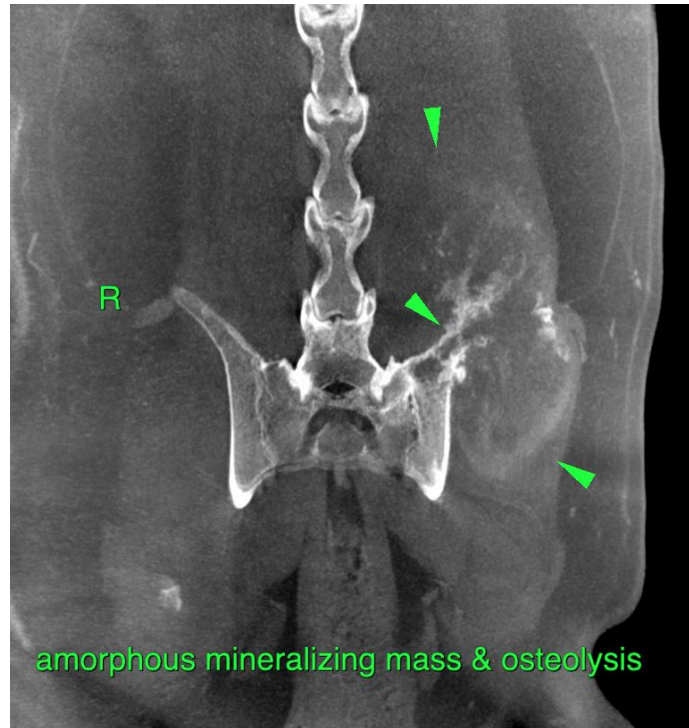
Deepan Kishore,
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INVOICE

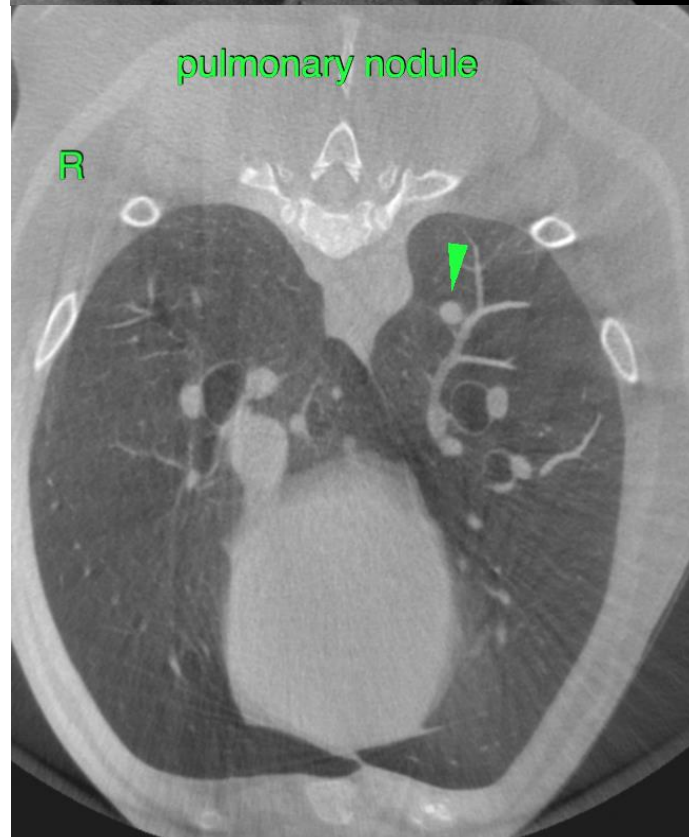
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amorphous mineralizing mass & osteolysis



pulmonary nodule



PATIENT

Stella Leigh Akey

SPECIES

Canine

BREED

Airedale Terrier

SEX

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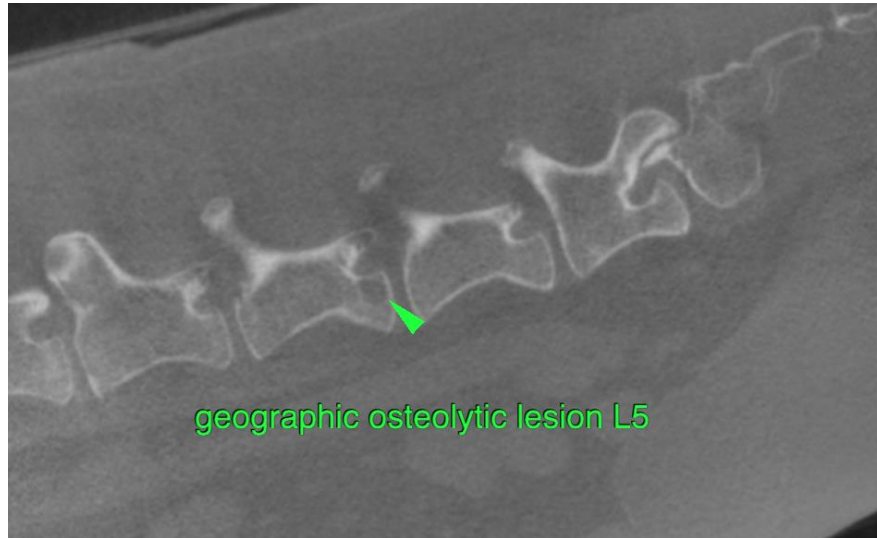
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com