



PATIENT

Bella Kortez-Kiss

SPECIES

Canine

BREED

German Shepgherd
Dog

SEX

Female Spayed

AGE

8 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Friendship Springs
Veterinary Care

REFERRING VET

Trae Cutchin

INVOICE

53458

DATE

8-15-22

PRESENTING CLINICAL SIGNS

10 day onset of weakness/lameness right rear limb with pain in the proximomedial thigh/inguinal area associated with a mild inguinal lymphadenopathy.

Abnormal PE/Chem/CBC/UA Results: Labwork was performed 10 days ago, just prior to the onset of these signs, due to an episode of vomiting and diarrhea. CBC, chems, and spec cpl were within normal limits except a slight increase in monocytes and globulins.

RADIOGRAPHIC STUDY OF THE PELVIS

Radiographs centered on the abdomen, including the pelvis, are provided for review.

RADIOGRAPHIC FINDINGS

The right wing of the sacrum presents with an ill-defined zone of osteolysis. Moderate palisading periosteal new bone formation is seen along the ventral aspect of the sacrum. Dorsally in the pelvic canal, an ill-defined soft tissue attenuating mass is seen, compressing and deviating the descending colon/rectum ventrally.

RADIOGRAPHIC DIAGNOSIS

- Monostotic aggressive mixed osteolytic and osteoproliferative lesion right wing of sacrum & sacrum
- Suspect soft tissue mass dorsal aspect of pelvic canal/ventral to sacrum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the sacrum in combination with the soft tissue mass are highly suggestive for primary osseous neoplasia, originating from the sacrum (e.g. osteosarcoma, chondrosarcoma, hemangiosarcoma), or primary soft tissue neoplasm (e.g. fibrosarcoma, hemangiosarcoma) – FNA results are supporting the diagnosis. Biopsy might be considered for further differentiation. If not done so yet, a rectal exam can be performed to confirm the mass in the pelvic canal.

A CT study of the pelvis can be used for further assessment of the osteolysis and extend of the soft tissue mass. However, the long term prognosis is very guarded.



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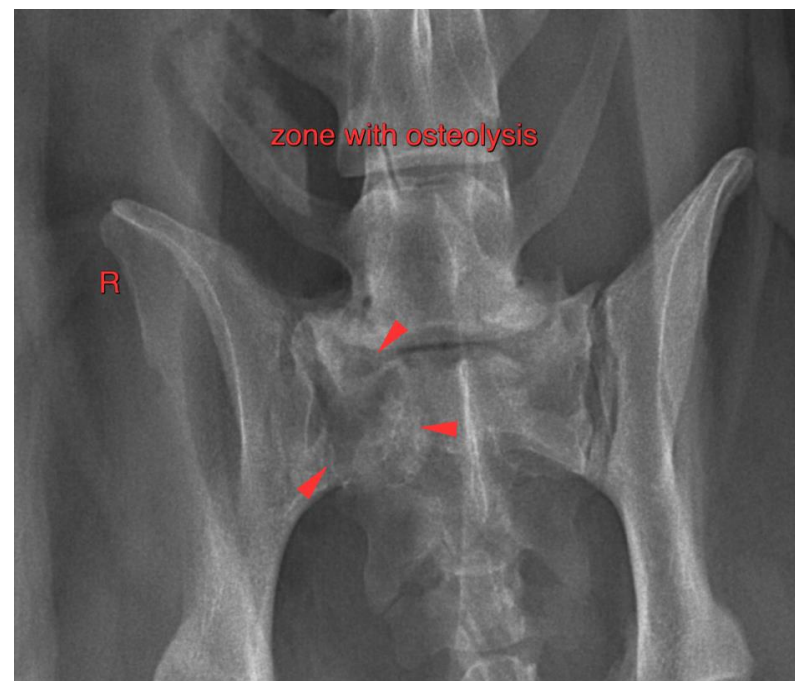
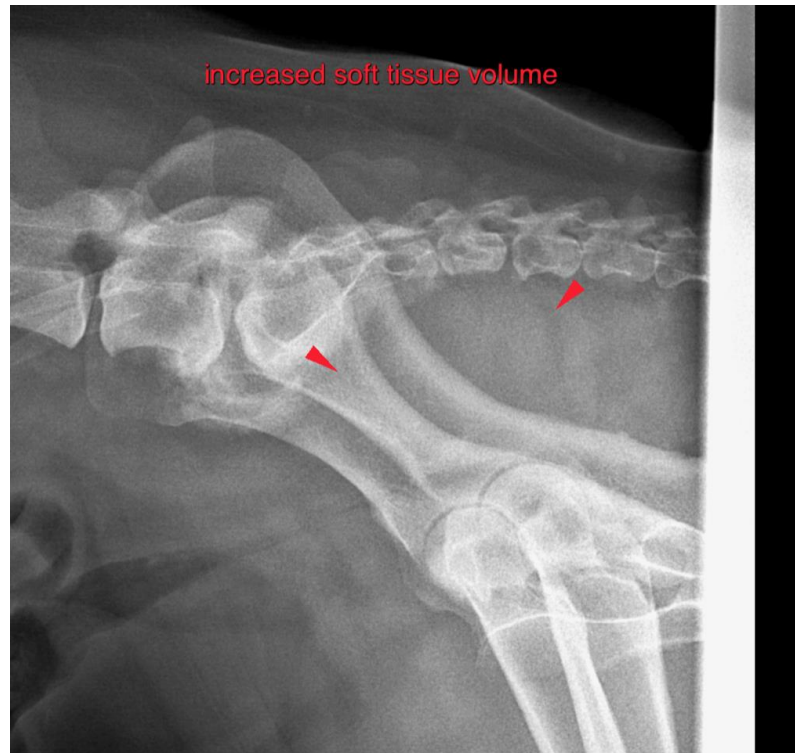
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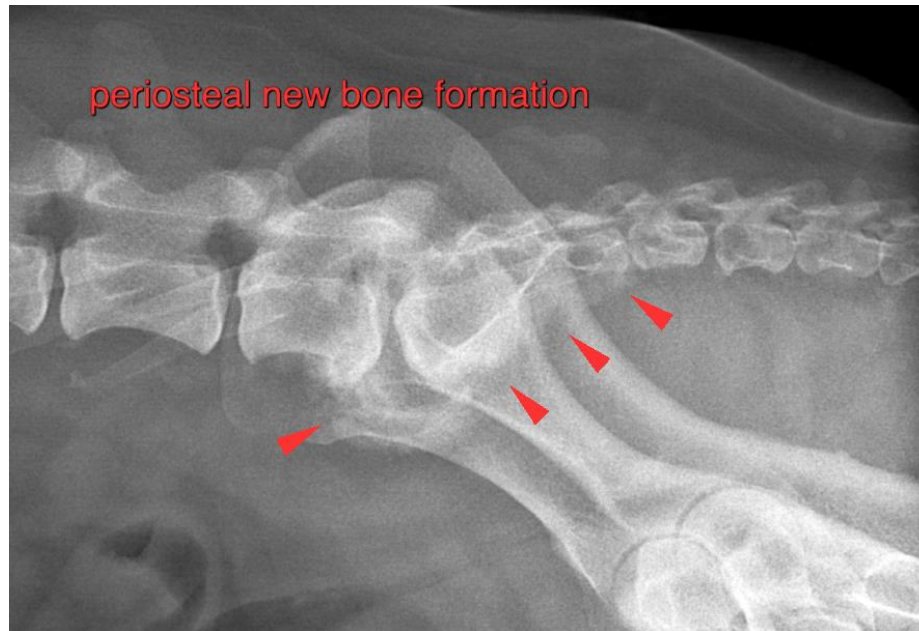
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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