



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Briggs Burke
PRESENTING CLINICAL SIGNS Ambulatory x 4, normal gait, reluctant to bear weight on left front, difficult to assess lameness as reluctant to stand/walk even with support; stifles palpate stable

SPECIES COMPUTED TOMOGRAPHY OF THE NECK, THORAX AND FRONT LIMBS

SPECIES Canine
 A high resolution pre- and post-contrast CT study of the neck, thorax and front limbs is provided for review.

BREED COMPUTED TOMOGRAPHIC FINDINGS

BREED Bernese Mountain
Neck
 The vertebral body of C6 and the left transverse process of C6 present an ill-defined zone with permeative osteolytic lesions and immature moderate periosteal new bone formation.

SEX MI
 The remainder of the osseous and surrounding soft tissue structures of the cervical spine are within normal limits.

MI
 The soft tissue structures of the neck are unremarkable.

AGE 6 Years
Thorax
 The left proximal humeral meta- and epiphysis present an ill-defined zone with mild heterogeneous sclerosis and moth eaten osteolytic lesions.

INTERPRETED BY The right shoulder joint presents with smooth osseous margins, unremarkable.

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI
 The periarticular bones of the right elbow joint present mild osteophyte new bone formation. The tip of the medial coronoid process of the right elbow joint is irregular.

The osseous and soft tissue structures of the antebrachium bilaterally including the carpal joints are within normal limits.

HOSPITAL NAME The sternal, cranial mediastinal and tracheobronchial lymph nodes appear to be small.

Animal Surgical Center
 The cardiovascular structures including the pulmonary vasculature are within normal limits.

There are moderate motion artefacts, of the lung parenchyma, most accentuated the caudal aspects of the lung.

REFERRING VET In the cranial part of the left cranial lung lobe, a well-defined, soft tissue attenuating nodule is visible, measuring 9 mm in diameter. The caudodorsal aspects of the lung present moderate dystelectasis of the parenchyma.

Family Pet Clinic

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

54165 **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- DATE** 9-19-22
- Polyostotic aggressive osteolytic lesions C6 and left proximal humerus
 - Coronoid disease right elbow joint
 - Solitary pulmonary nodule left cranial lung lobe
 - Mild degenerative osteoarthritis right elbow joint



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SPECIES

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The polyostotic aggressive bone lesions are highly concerning for underlying neoplastic disease and round cell tumor (e.g. histiocytic sarcoma, lymphoma) or sarcoma are considered as the top differentials. Theoretically osteomyelitis (e.g. mycotic osteomyelitis, Leishmaniasis) are differentials, but the odds are low. FNA sampling of the osseous lesions ± bone biopsy can be performed to confirm the diagnosis.

The findings are a plausible explanation for the described clinical signs.

The solitary pulmonary nodule is not specific, although the odds for metastasis are high. Other potentials can include granuloma, round pneumonia, fibrosis, cyst.





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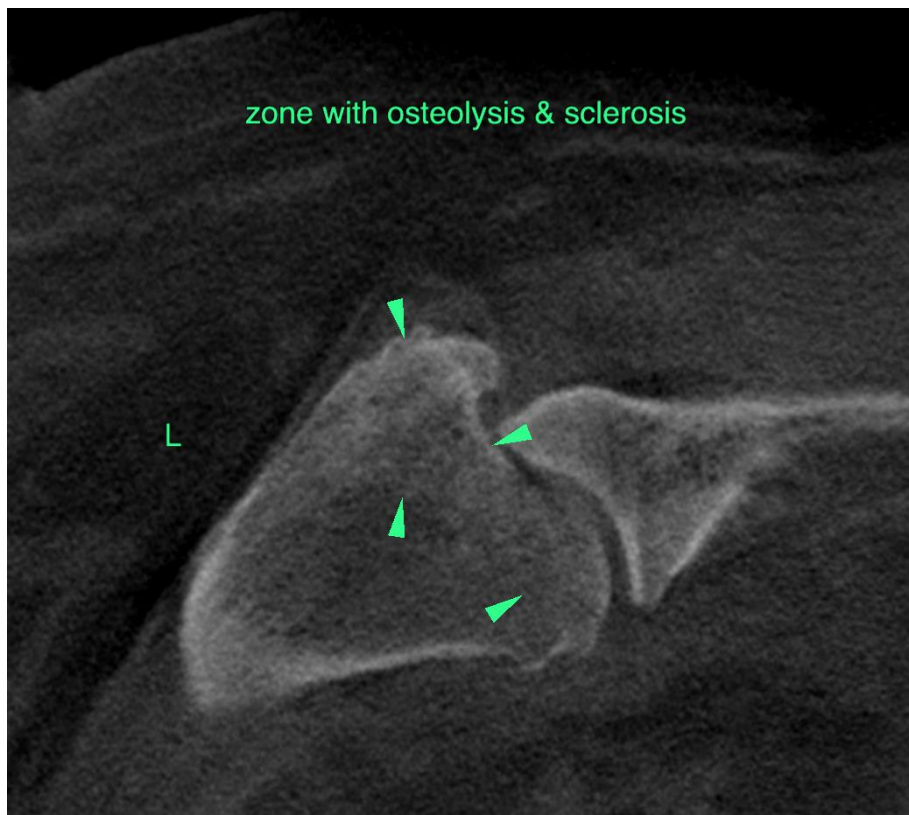
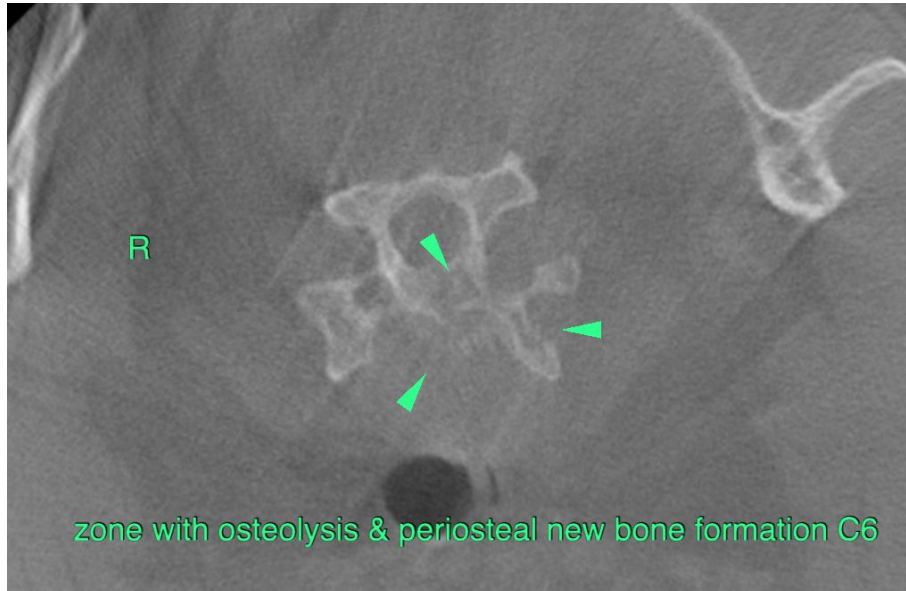
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Bernese Mountain

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