



**PATIENT PRESENTING CLINICAL SIGNS**

Lola Hensley ~ 2week history of worsening lameness of left forelimb. X-rays and bloodwork at rDVM were normal. Knuckling and toe touching lameness on left forelimb.  
 Abnormal PE/Chem/CBC/UA Results: Mildly swollen elbow, severely painful. Mildly swollen, moderately painful carpus. Lipomatous masses along skin of legs and chest.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE LEFT FRONT LIMB AND THORAX**

A pre- and post-contrast CT study of the left front limb in a bone and soft tissue reconstruction is provided for review.

**BREED**

Boxer Mix

**COMPUTED TOMOGRAPHIC FINDINGS**

Thorax

Multifocal spondylosis formation is seen along the thoracic spine. The vertebral bodies of T6 to T8 present with advanced aggressive osteolysis.

**SEX**

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**

12 Years

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

**INTERPRETED BY**

Sebastian Schaub, DVM  
 Dr. med. vet. DipECVDI

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.

The lung parenchyma presents randomly distributed multifocal punctuate mineralization. Moderate dystelectasis of the caudodorsal dependent aspects of the lung parenchyma is appreciated.

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

Left front limb

Multiple lipomas are seen in the left axillary region.

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Gover

The left axillary lymph node is prominent.

The osseous and surrounding soft tissue structures of the left shoulder joint present without abnormalities.

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The medial aspect of the left humeral condyle presents an ill-defined zone with permeative osteolytic lesions and brush-border like periosteal new bone formation. Post contrast administration, a heterogeneous contrast enhancing periarticular soft tissue swelling is appreciated.

**DATE**

9-29-22

The left carpal joint presents with a moderate intracapsular soft tissue swelling and the synovial lining is moderately thickened. The distal epiphysis of the left radius presents with moth eaten osteolytic lesions.



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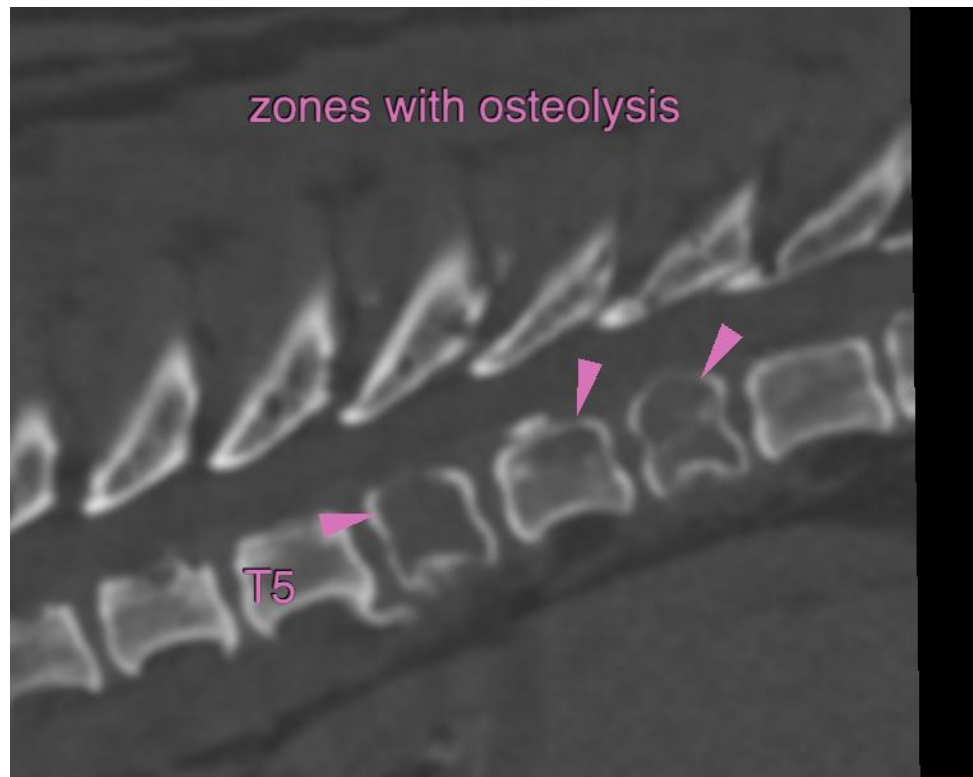
**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Articular swelling with significant thickening of the joint capsule left elbow joint and left carpal joint with polyostotic aggressive osteolytic lesions of the left distal humerus and left distal radius and multiple thoracic vertebra
- Mild lymphadenopathy left axillary lymph node
- Lipomas left axillary region
- Pulmonary osteomas
- Spondylosis deformans
- No evidence of pulmonary metastatic disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are highly suggestive for disseminated neoplastic disease, including the left elbow joint, the left carpal joint and multiple thoracic vertebra – round cell tumor would be the top differential (e.g. histiocytic sarcoma, myeloma/plasma cell tumor).

If not done so yet, recommend FNA sampling of the left elbow & carpal joint ± biopsy of the joint capsule.





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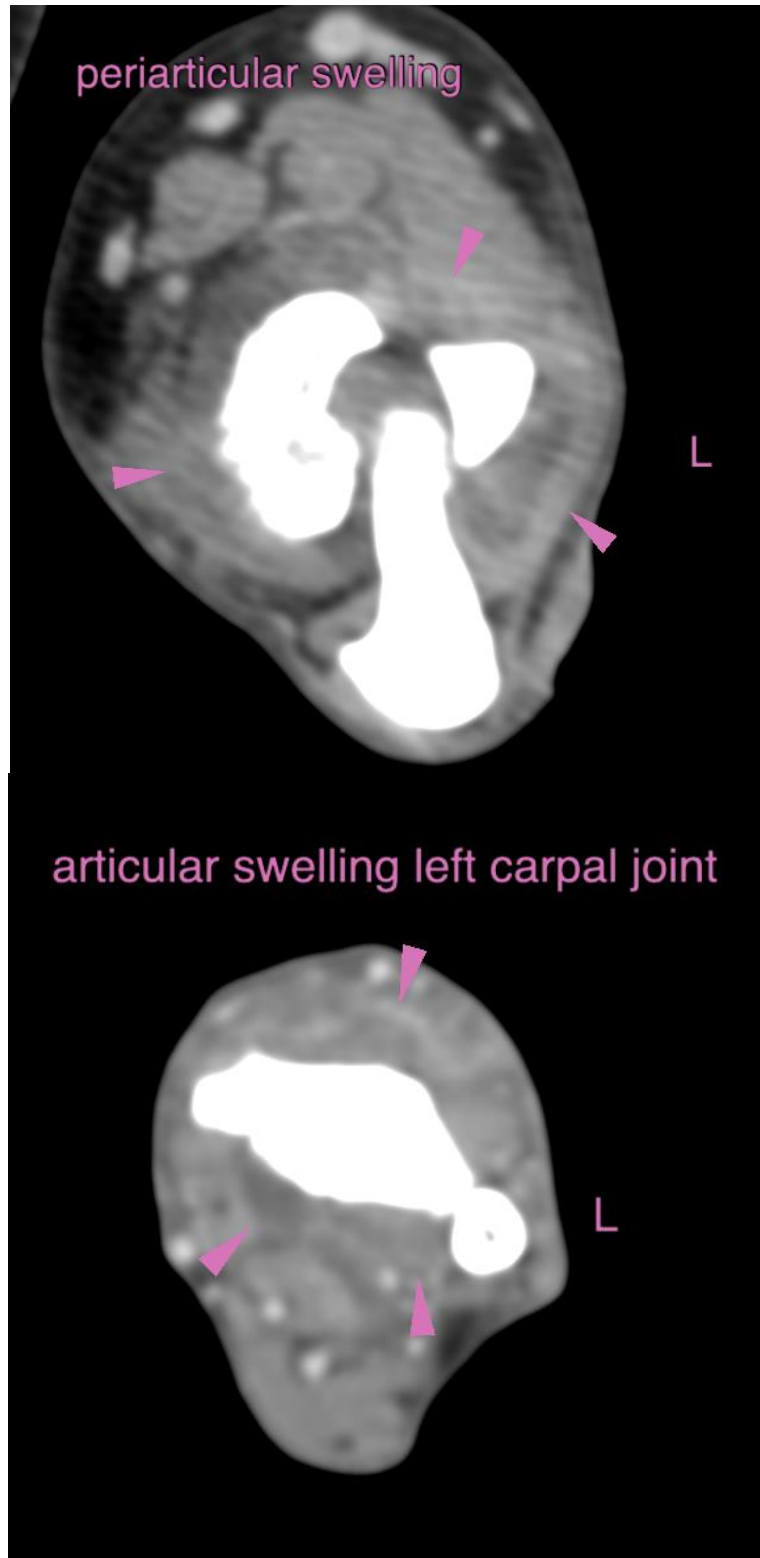
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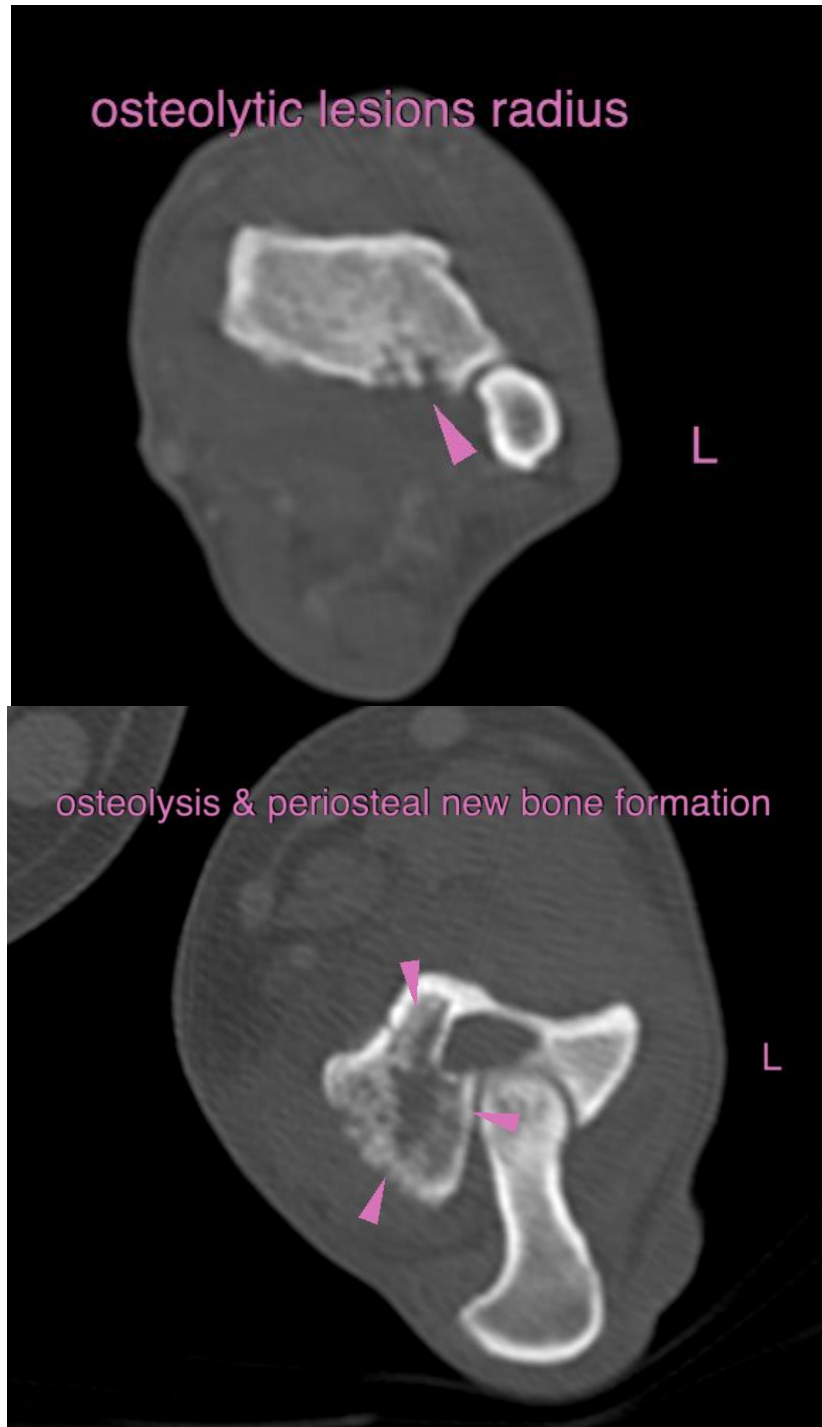
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**PATIENT**

Lola Hensley

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.

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