



PATIENT PRESENTING CLINICAL SIGNS

Charlie Tackett Chronic left forelimb lameness and left elbow swelling since late 2021. Forelimb radiograph interpretation (3/22/22) indicates large soft tissue mass associated with distal left brachium/elbow. Cytology via needle aspiration performed on 8/25/22 revealed malignant neoplasia; differential diagnoses include a histiocytic sarcoma, osteosarcoma, extramedullary plasma cell tumor and, less likely, a synovial cell sarcoma.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORAX & LEFT FRONT LIMB

BREED

A high resolution pre- and post-contrast CT study of the left elbow joint and a post-contrast CT study of the thorax are provided for review.

Labrador Retriever

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

SEX

The vertebral endplates T5/T6 present moderate spondylosis formation.

MN

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 left axillary lymph node is prominent.

9 Years

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

INTERPRETED BY

The caudodorsal aspects of the left caudal lung lobe presents evidence of compression atelectasis of the lung parenchyma. Level with the 5th left intercostal space, a well-defined, soft tissue attenuating nodular is appreciated in the left caudal lung lobe, measuring 7 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

Left front limb

Mobile Pet Imaging

The distal diaphysis and metaphysis of the left humerus present an ill-defined zone with aggressive advanced osteolysis with extensive cortical destruction. A soft tissue mass is protruding from the distal fourth of the left humerus with interspersed small amorphous mineralization.

REFERRING VET

COMPUTED TOMOGRAPHIC DIAGNOSIS

Borecky

- Monostotic aggressive osteolytic lesion left distal humerus with associated soft tissue mass
- Solitary pulmonary soft tissue nodule left caudal lung lobe
- Lymphadenopathy left axillary lymph node
- Pulmonary osteomas

INVOICE

54013

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

DATE

9-8-22

The CT study is fitting the history of sarcoma or round cell tumor originating from the left distal humerus with advanced aggressive osteolytic lesions – bearing an increased risk for pathological fracture.



PATIENT

Charlie Tackett

The odds for metastatic spread to the left caudal lung lobe are considered high. However, as a solitary pulmonary nodule is not specific for metastatic disease, differentials include granuloma, fibrosis, round pneumonia, cyst.

SPECIES

Canine

Recommend FNA sampling of the left axillary lymph node to differentiate between reactive hyperplasia versus metastatic spread.

BREED

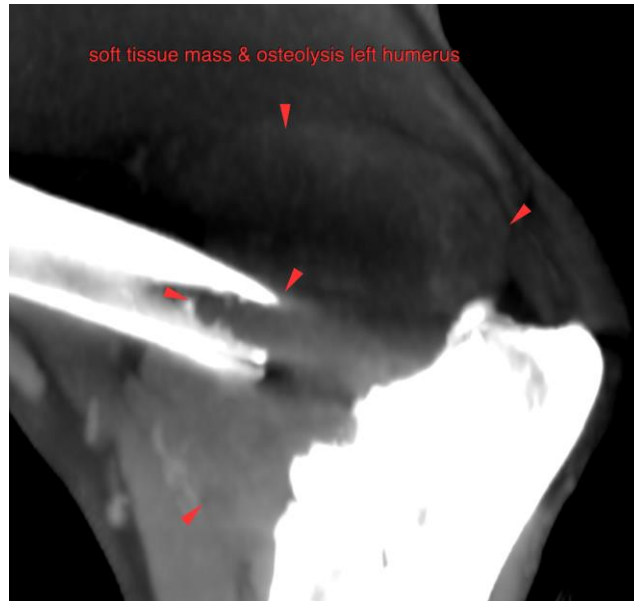
Labrador Retriever

SEX

MN

AGE

9 Years



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HOSPITAL NAME

Mobile Pet Imaging

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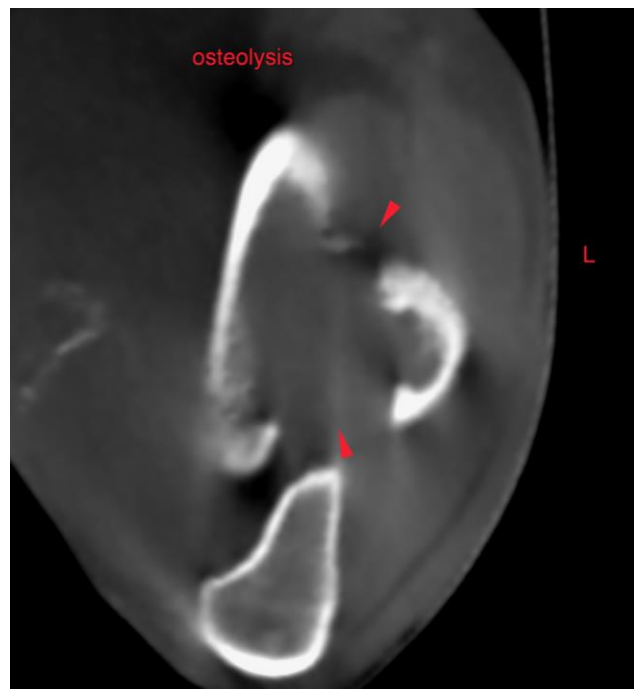
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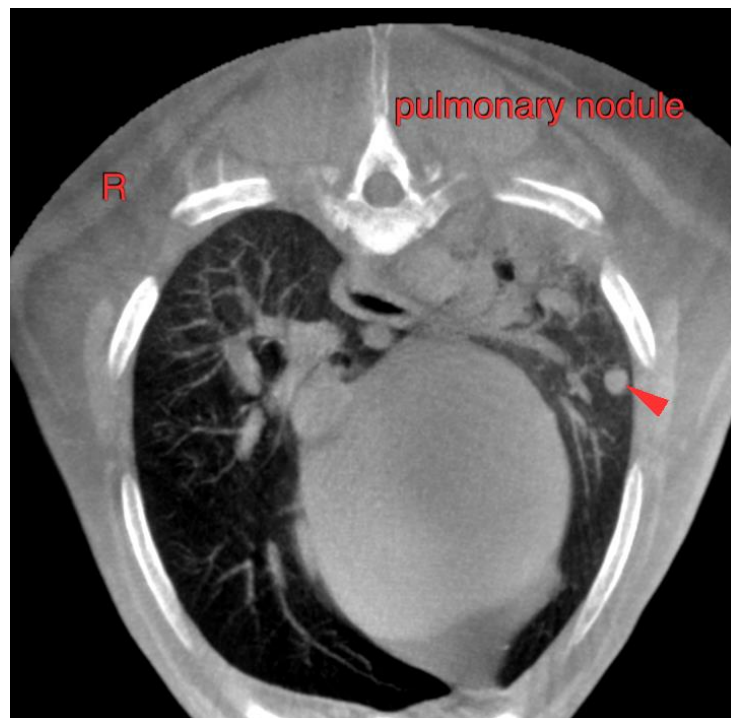
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PATIENT

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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.

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