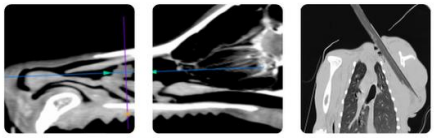

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Arturo Perez

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

4Y

WEIGHT

115lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Dr. Amanda Causey

HOSPITAL NAME

Family Pet Medical Center

REFERRING VET

Dr. Ferrera

INVOICE

73476

DATE

1-27-26

PRESENTING CLINICAL SIGNS

Arturo presented for left forelimb lameness. Pain was localized to left carpus.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

A pre-contrast and post-contrast CT study of the thoracic limbs were provided for review, totaling 3 series. Transverse images were acquired using a bone algorithm and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

LEFT SHOULDER, ELBOW & CARPAL JOINTS

A mixed osteolytic and mild osteoproliferative aggressive bone lesion is centered on the epiphysis and metaphysis of the proximal left humerus and the left scapula, extending across the scapulohumeral joint. The lesion exhibits a mottle appearance and discrete areas of cortical interruptions, an ill-defined transition zone, and a palisading periosteal reaction.

There is a suspect of a second osteolytic lesion, slightly more organized but still demonstrating cortical interruption, is identified within the distal humeral diaphysis *.

Mild adjacent soft tissue swelling is present.

On dorsal and sagittal reformatted images, the humeroulnar and humeroradial joints are congruent. The medial coronoid and anconeal processes demonstrate normal attenuation and morphology.

The antebrachial, carpal, and metacarpal joints are unremarkable.

RIGHT SHOULDER, ELBOW & CARPAL JOINTS

The scapulohumeral joint is unremarkable.

On dorsal and sagittal reformatted images, the humeroulnar and humeroradial joints are congruent. The medial coronoid and anconeal processes demonstrate normal attenuation and shape.

The antebrachial, carpal, and metacarpal joints are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic, aggressive bone disease involving the left humerus (proximal epiphysis/metaphysis and distal diaphysis) and left scapula, characterized by mixed osteolytic and osteoproliferative patterns. Differential diagnoses include primary osseous neoplasia (such as osteosarcoma, chondrosarcoma, or fibrosarcoma, with possible bone metastatic behavior) and infectious osteomyelitis, particularly fungal osteomyelitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with an aggressive polyostotic bone process affecting the proximal and distal segments of the left humerus as well as the left scapula, with extension across the shoulder joint. The differential diagnoses include bone neoplasia, although infectious osteomyelitis, particularly of fungal origin, remains a relevant differential diagnosis.

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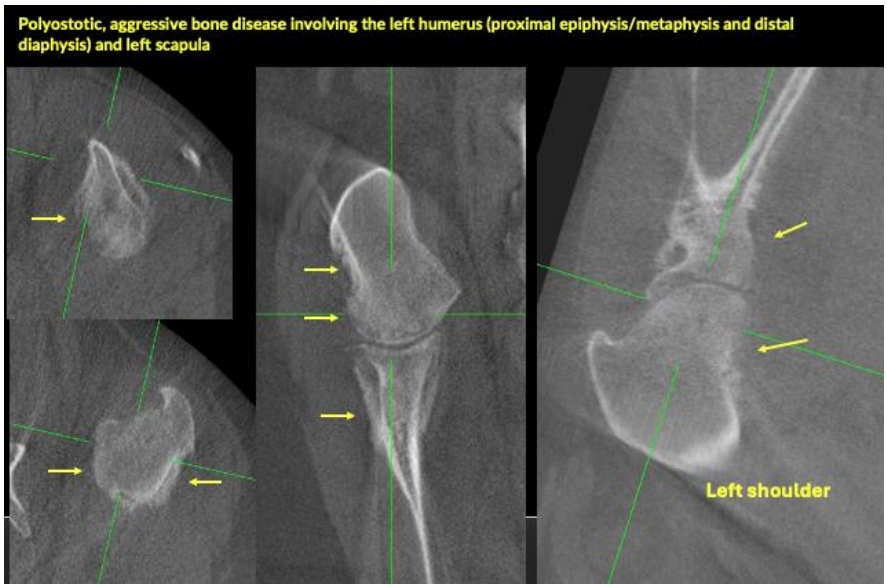
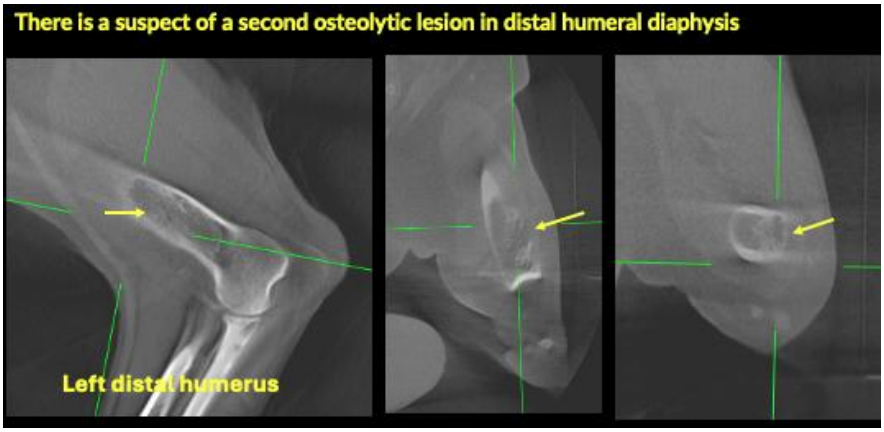
Definitive diagnosis requires tissue sampling, and fine-needle aspiration or bone biopsy is recommended for histopathological and microbiological evaluation.

TECHNICAL COMMENTS

*A hard-beam artifact is present in the region of the distal humeri, which limits image quality and impedes definitive confirmation of the second osteolytic lesion described in the distal left humeral diaphysis.





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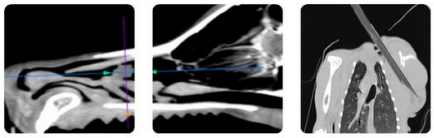

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com