



PATIENT

Scout Perry

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

10

WEIGHT

23.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Matthew O'Neil

HOSPITAL NAME

Westford VERC

REFERRING VET

Dr. Mallory Watson

INVOICE

35174

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: Large mass over right shoulder. Lameness first noted in October. Radiographs taken in November did not show any obvious cause for lameness, although mass palpated over right scapula at the time. Mass has grown significantly in size.

Abnormal PE/Chem/CBC/UA Results: Findings: right shoulder mass. Right scapular mass vs soft tissue mass sitting over scapula Current treatment/medications: Deramaxx.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND SHOULDER JOINTS

SHOULDER JOINTS

There is a large mass effect involving the right scapula and adjacent soft tissues. Within the scapula, a severe, expansile, mixed osteolytic and mildly osteoproliferative lesion is identified, centered on the right scapular bone. The lesion is predominantly osteolytic, with multiple cortical interruptions and an ill-defined transitional zone, consistent with aggressive osseous behavior.

The adjacent soft tissues contain a severe, heterogeneous, contrast-enhancing mass effect surrounding the osseous lesion.

The right scapulohumeral joint exhibits mild periarticular ossification affecting the humeral head and the insertion of the biceps brachii tendon-muscle unit. This joint does not appear directly involved by the aggressive scapular lesion.

The left scapulohumeral joint displays mild periarticular ossification at the humeral head and at the insertion of the biceps brachii tendon-muscle unit.

THORAX

Multiple pulmonary soft tissue nodules and micronodules are present throughout the pulmonary parenchyma, ranging in size from approximately 0.23 cm to 1.6 cm.

The trachea and main bronchi are within normal limits.

The bronchial tree demonstrates normal branching and tapering, with thin, smooth bronchial walls and a normal bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are within normal limits.

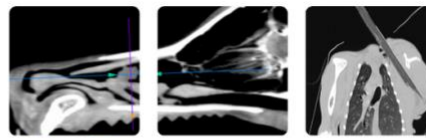
The sternal, cranial mediastinal, and tracheobronchial lymph nodes are unremarkable.

The pleural space, diaphragm, thoracic wall, and thoracic esophagus are unremarkable.

Few ventral incomplete bridging vertebral endplate spondylosis deformans are present in the thoracic and lumbar spine.

Within the collimated abdomen, a small hypoattenuating cyst is identified in the left renal cortex, measuring approximately 1.7 × 2.2 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS



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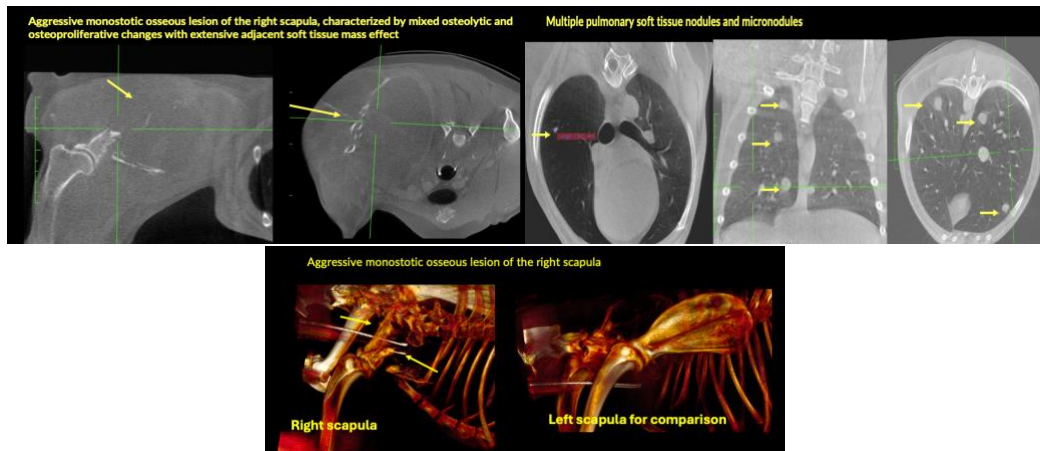
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- Aggressive monostotic osseous lesion of the right scapula, characterized by mixed osteolytic and osteoproliferative changes with extensive adjacent soft tissue mass effect. Primary differential diagnoses include primary osseous neoplasia.
- Multiple pulmonary soft tissue nodules and micronodules, consistent with metastatic pulmonary disease.
- Mild bilateral scapulohumeral periarticular degenerative changes.
- Incidental left renal cortical cyst.
- Mild thoracic and lumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with an aggressive primary osseous neoplasm of the right scapula, associated with a large infiltrative soft tissue component, consider osteosarcoma, chondrosarcoma, fibrosarcoma, or others. The presence of multiple pulmonary nodules of variable size indicates metastatic pulmonary disease.

Definitive diagnosis requires histopathological confirmation, and image-guided biopsy of the scapular mass is recommended if clinically appropriate. Given the evidence of pulmonary metastasis, prognosis is guarded to poor, and therapeutic planning should be guided by oncologic consultation, patient comfort, and quality-of-life considerations.





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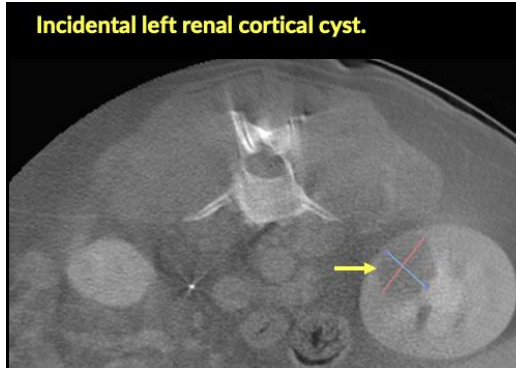
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Incidental left renal cortical cyst.



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.

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info@sonopath.com