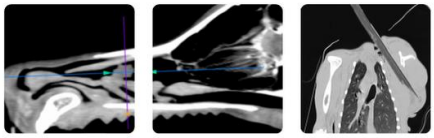


PATIENT
Peewee Valle

SPECIES
Canine

BREED
Chihuahua

SEX
MN

AGE
11Y

WEIGHT
8lbs

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

IMAGING PERFORMED BY
Samantha Short

HOSPITAL NAME
Animal Health Care Denver

REFERRING VET
Cathryn Sayer

INVOICE
74133

DATE
3-10-26

PRESENTING CLINICAL SIGNS

- This issue started about 4 months ago. Peewee went to ER for unknown wound on ventral thorax near manubrium. A tie-over bandage was placed and it granulated in over a month. It has since recurred two more times. 1 month ago, I surgically explored it and removed as much infected tissue as I could. It was healing well but now has recurred. Today there is also some swelling and erythema near the xyphoid (the two areas of inflammation do not feel physically connected). We are concerned about a cancerous process causing the recurrent infection. A culture has been done twice; staph pseudintermedius resistant to some antibiotics but still susceptible to cephalosporins and clavamox.

Abnormal PE/Chem/CBC/UA Results: Today the WBC was 58k (severely increased). Mild anemia.

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX

Single, non-contrast CT series is provided for review. Transverse, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORAX

There is a mild palisading periosteal reaction involving the manubrium and the third sternebra.

Multifocal mixed proliferative and moderately expansile osteolytic lesions are present in the distal portions of the ribs at the costochondral junctions, affecting primarily the left second, third, and fourth ribs with variable severity. Loss of normal alignment of affected ribs suggests possible concurrent pathologic fractures.

Mild adjacent soft tissue mass effect is associated with these osseous lesions (ribs). The soft tissue changes extend intrathoracically, appear to involve the parietal pleura, and extrathoracically involving the intercostal musculature, parietal musculature, and adjacent subcutaneous tissues *.

Additional subtle mottled osteopenic foci are present in other skeletal regions, including the spinous process of T1, the vertebral body of T1, the vertebral body of T9, and the costal tubercle of the left T11 rib.

The sternal lymph node and several cranial mediastinal lymph nodes are mildly to moderately enlarged.

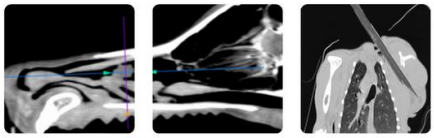
Moderate extra cavitary soft tissue swelling is noted ventrally in the region of the xiphoid cartilage. No associated osseous involvement is identified at this location.

Within the pulmonary parenchyma, a single soft tissue micronodule measuring approximately 2.0 mm is identified. In addition, at least three small hyperattenuating mineral foci are present. The remaining pulmonary parenchyma demonstrates normal attenuation.

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

The trachea and esophagus are unremarkable.

The cardiac silhouette and pulmonary vessels are within normal limits.



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Aside from the lesions adjacent to the ribs described above, the remaining pleural space is unremarkable. The diaphragm is unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal mixed osteolytic and proliferative bone lesions involving the sternum and multiple ribs, with additional multifocal osteopenic lesions in distant skeletal structures, resulting in a polyostotic distribution. Primary differential diagnoses include multiple myeloma and multifocal plasmacytoma.
- Multifocal osteomyelitis affecting the ribs with associated soft tissue inflammation may also be considered as a differential diagnosis.
- Concurrent osteomyelitis with associated soft tissue infection should also be considered based on the patient's clinical history of recurrent infection and previously documented Staphylococcus pseudintermedius.
- Loss of normal rib alignment suggests possible pathologic fractures.
- Mild to moderate enlargement of the sternal and cranial mediastinal lymph nodes, compatible with reactive lymphadenitis or possible metastatic involvement.
- A solitary pulmonary micronodule is identified. Differential diagnoses include early metastatic disease or pulmonary granuloma.
- Small mineral pulmonary foci are present, likely incidental mineralization.
- Moderate ventral soft tissue swelling in the region of the xiphoid cartilage without adjacent bone involvement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate multifocal mixed, predominantly osteolytic osseous lesions affecting the ribs and sternum, with additional skeletal involvement in other vertebral regions, resulting in a polyostotic distribution. This pattern raises concern for a systemic neoplastic process, with multiple myeloma or multifocal plasmacytoma considered the primary differential diagnoses.

Given the patient's history of recurrent infection and previously documented bacterial culture results, secondary osteomyelitis with surrounding soft tissue inflammation may also be contributing to the observed imaging findings. However, the presence of multifocal skeletal involvement beyond the original site of infection increases suspicion for a systemic process, although multifocal hematogenous infection cannot be completely excluded and is considered less likely.

A solitary pulmonary micronodule is identified, raising suspicion for possible early metastatic disease. However, follow-up CT imaging is recommended for more definitive characterization.

Further diagnostic evaluation is recommended to establish a definitive diagnosis. Sampling of one of the affected rib lesions via biopsy or fine-needle aspiration is advised for histopathologic evaluation. Bone marrow aspiration may also be considered to investigate possible multiple myeloma.

TECHNICAL COMMENTS

The absence of post-contrast series limits evaluation of the soft tissues, particularly regarding the degree of thoracic wall involvement and the characterization of the adjacent pleural intrathoracic lesion.

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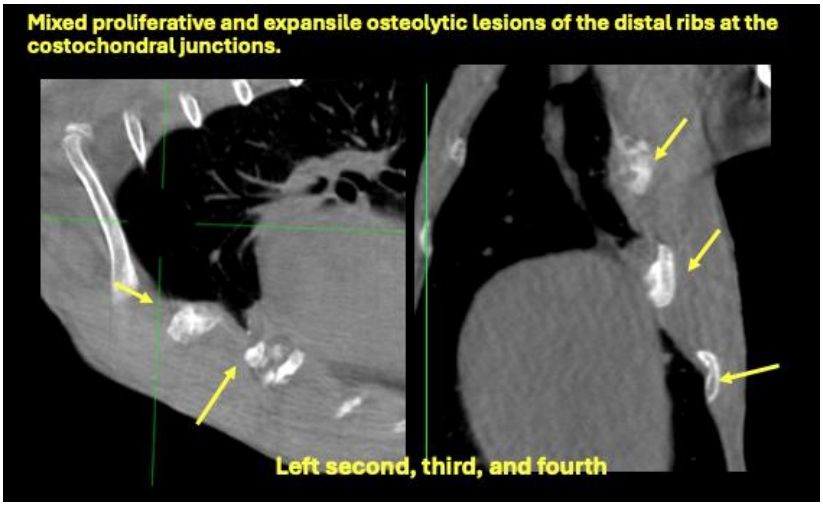

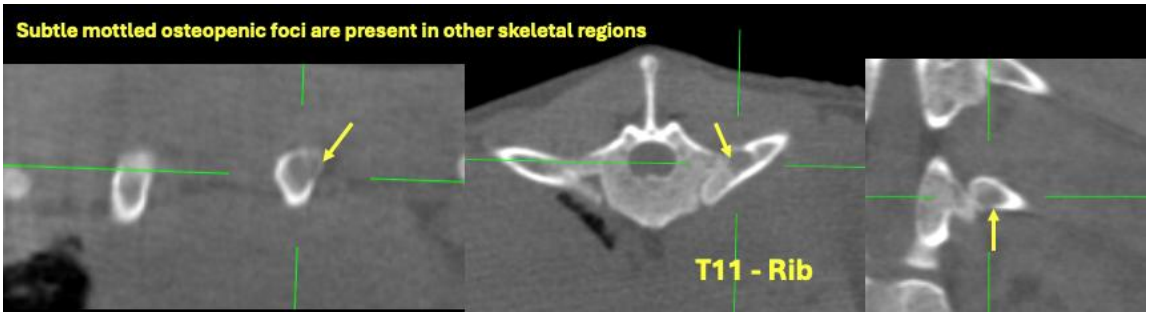

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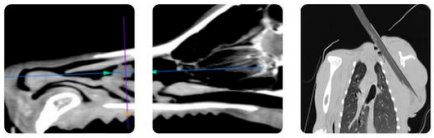

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SonoPath.com info@sonopath.com 1.800.838.4268

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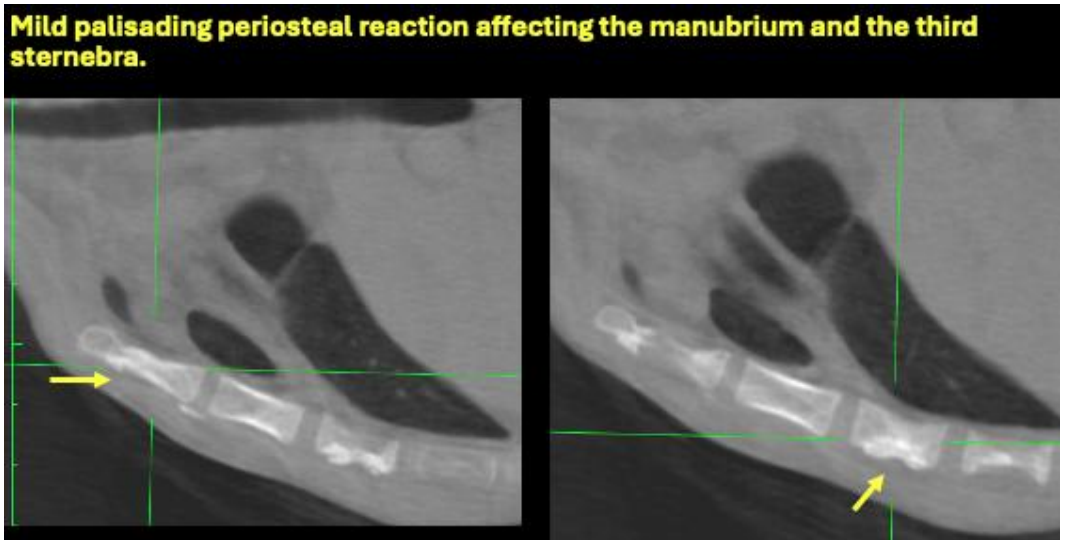

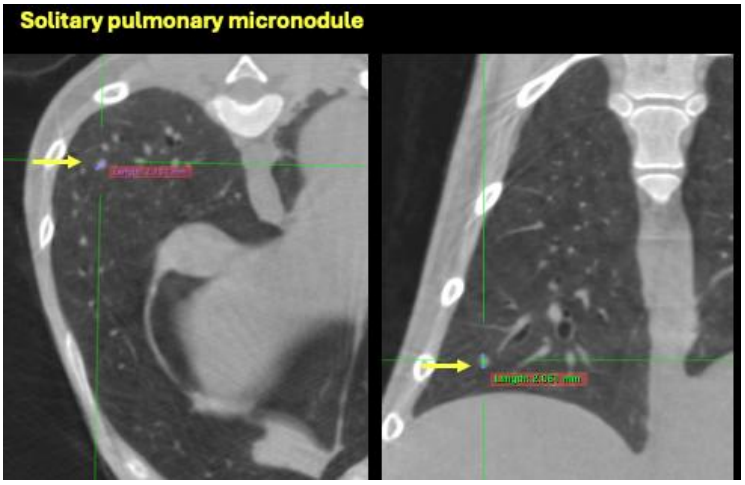

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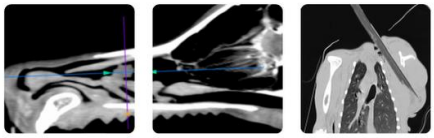

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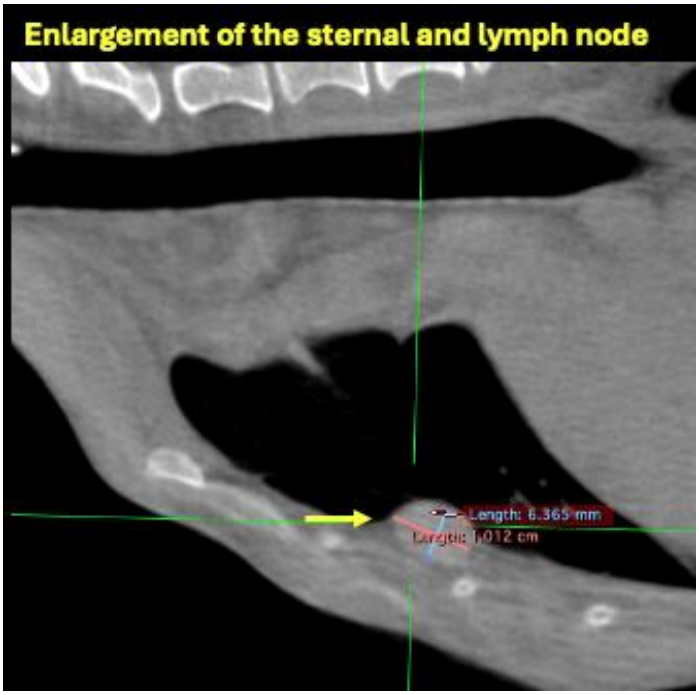

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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