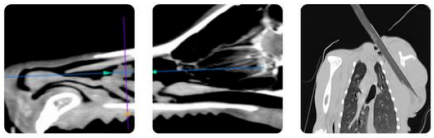


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Sailor Walden

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

12Y

WEIGHT

56lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sidney

HOSPITAL NAME

East Hill Animal Hospital

REFERRING VET

Laura Hall

INVOICE

74902

DATE

5-5-26

PRESENTING CLINICAL SIGNS

Large hard mass left axillary. Previous history of lameness on front left in October 2025. Improved on Rimadyl and Adequan
Abnormal PE/Chem/CBC/UA Results: BW- WNL Digital cytology- Spindle cell proliferation concerning for soft tissues sarcoma

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS – SHOULDER JOINTS

Pre- and post-contrast series of the thoracic limbs (shoulder joints) are provided for review. One pre-contrast series of the shoulder joints, soft tissue algorithm. One post- contrast series of the shoulder joints, soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

LEFT THORACIC LIMB

A large infiltrative lesion is identified affecting multiple structures of the left thoracic limb, predominantly involving the proximal portion of the limb and adjacent soft tissues.

Within the proximal left humerus, there are two large expansile osteolytic lesions involving the metaphysis and epiphysis, associated with multifocal cortical disruption, remodeling of the adjacent medullary cavity, and a poorly defined zone of transition. Subtle periosteal reaction and mild cortical blurring are also present.

Contiguous with the osseous lesions, there are at least three to four multilobulated soft tissue masses involving the adjacent musculature and subcutaneous soft tissues. These lesions are heterogeneous in attenuation, containing multifocal contrast-enhancing regions intermixed with hypoattenuating. Some lesions appear intermuscular, while others are likely intramuscular. The lesions appear to track along the course of the axillary and brachial vasculature.

The largest soft tissue lesion measures approximately 12.0 cm in length and 3.0 cm in width and appears predominantly intramuscular. The muscles affected or closely associated include the teres major, subscapularis, biceps brachii, triceps brachii, and deep pectoral muscles. Mild involvement of additional adjacent musculature cannot be excluded.

The left axillary lymph node is markedly enlarged and rounded, measuring approximately 2.8 × 1.6 cm.

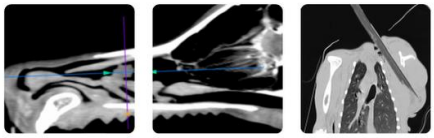
A small periarticular osteophyte is present within the left shoulder joint.

The left scapula demonstrates mild diffuse homogeneous reduction in osseous attenuation, compatible with osteopenia, without evidence of cortical destruction or focal aggressive osseous change.

RIGHT THORACIC LIMB

Moderate periarticular osteophytosis is present involving the right glenoid cavity and humeral head. Enthesophyte formation and mineralization foci are noted at the insertion sites of the subscapularis and supraspinatus muscles.

COLLIMATED PORTIONS



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Thorax, collimation portion, at least three small soft tissue attenuating pulmonary micronodules are identified within the included pulmonary parenchyma, subpleural in location, measuring up to approximately 0.4 cm.

Within the partially imaged cranial abdomen, there is a heterogeneous hypoattenuating hepatic nodule, apparently arising from the left lateral liver lobe, measuring approximately 2.3 × 1.8 cm.

Multifocal complete and incomplete bridging spondylosis deformans is present throughout the thoracic spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Large aggressive infiltrative lesion affecting the proximal left thoracic limb, characterized by multifocal expansile osteolytic lesions of the proximal left humerus associated with multiple multilobulated soft tissue masses involving adjacent musculature and subcutaneous tissues. The lesions demonstrate heterogeneous contrast enhancement and apparent extension along the axillary and brachial neurovascular structures.
- Primary differential diagnoses include aggressive soft tissue neoplasia with osseous invasion, particularly soft tissue sarcoma, versus primary aggressive osseous neoplasia with extensive soft tissue extension.
- Marked enlargement of the left axillary lymph node, compatible with metastatic lymphadenopathy or less likely reactive lymphadenitis.
- Mild degenerative joint disease of both shoulder joints.
- Multifocal thoracic spondylosis deformans.
- At least three pulmonary soft issue micronodules identified within the included thorax, concerning for possible metastatic pulmonary disease.
- Partially imaged heterogeneous hypoattenuating hepatic nodule within the left lateral liver lobe. Differential diagnoses include metastatic lesion, nodular hyperplasia, primary hepatic neoplasia, or other benign hepatic nodular process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination demonstrates an aggressive infiltrative neoplastic process centered within the proximal left thoracic limb, with combined osseous and extensive soft tissue involvement. Primary differential diagnoses include aggressive soft tissue neoplasia with osseous invasion, particularly soft tissue sarcoma, versus primary aggressive osseous neoplasia with extensive soft tissue extension.

The marked enlargement of the left axillary lymph node raises concern for metastatic involvement.

Additionally, the pulmonary micronodules identified within the included thorax are suspicious for early metastatic pulmonary disease.

The partially visualized hepatic nodule is indeterminate and may represent metastatic disease or an unrelated benign hepatic lesion.

Histopathologic confirmation through biopsy is recommended for definitive diagnosis and tumor grading. Complete thoracic CT staging and abdominal imaging are suggested for further metastatic assessment and surgical or oncologic planning.

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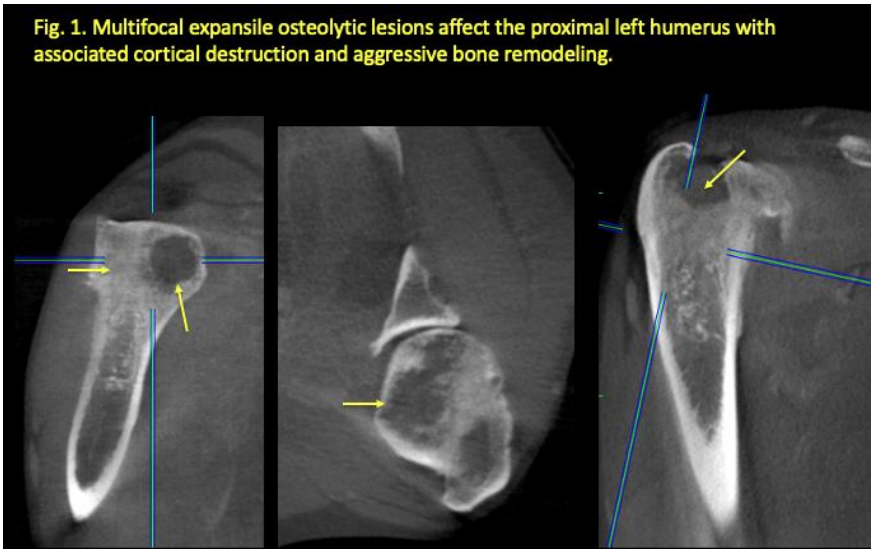

Fig. 1. Multifocal expansile osteolytic lesions affect the proximal left humerus with associated cortical destruction and aggressive bone remodeling.

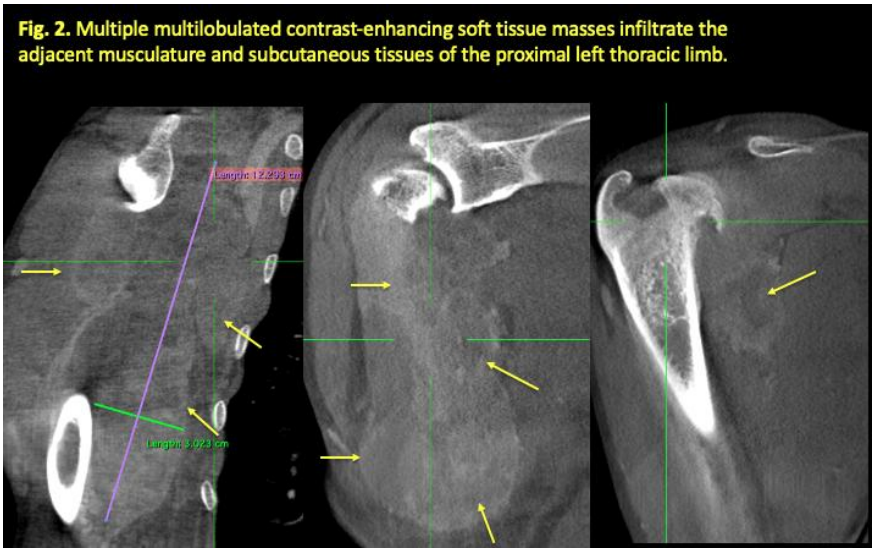

Fig. 2. Multiple multilobulated contrast-enhancing soft tissue masses infiltrate the adjacent musculature and subcutaneous tissues of the proximal left thoracic limb.

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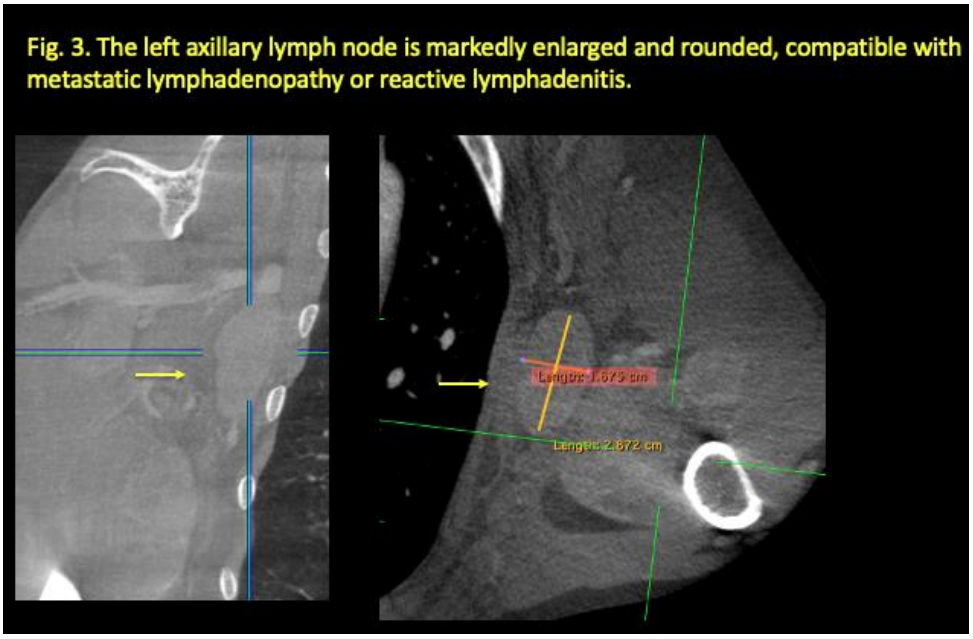

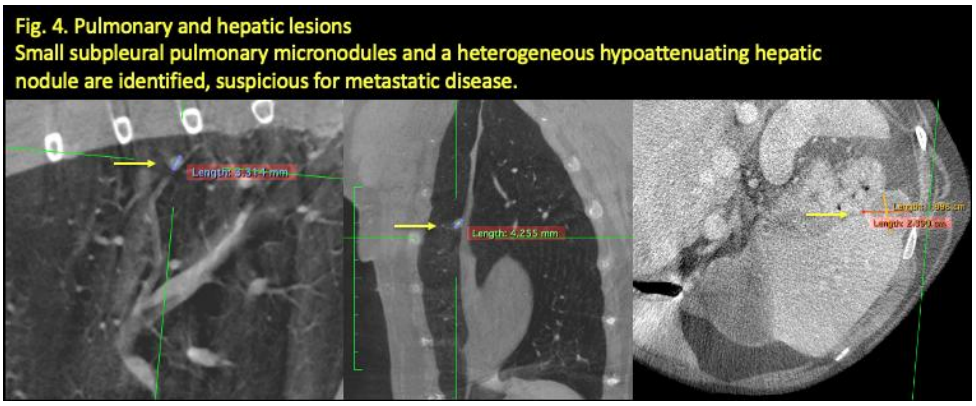

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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