



PATIENT PRESENTING CLINICAL SIGNS

Leo Pujals Patient was presented for evaluation of inflammation of distal hindlimbs, reluctance to walk and lethargy. There is no known trauma. Patient has chronic history of coughing that has improved with medications such as prednisone but has not resolved entirely. On physical exam, distal hindlimbs feel warm to the touch and are swollen. Patient has sensation and reflexes on hindlimbs but he is uncomfortable upon manipulation. Radiographs were taken of thorax, abdomen and limbs. HO is unsuspected; radiographs are sent for consult. Radiographs of tarsus/metatarsus show similar findings to radiographs of metacarpus/carpus.

SPECIES

Canine

BREED

Labrador

RADIOGRAPHIC STUDY OF THE THORAX AND THORACIC LIMBS

Orthogonal views of the thorax and thoracic limbs are provided for review totaling five images. One right lateral view of the thorax. One left lateral view of the thorax. One ventral dorsal view of the thorax. Two craniocaudal views of the thoracic limbs.

SEX

Male Neutered

RADIOGRAPHIC FINDINGS

Thorax

AGE

11 Years

A large, partially marginated, rounded, homogeneous soft tissue opaque mass is noted in the topographic region of the caudal subsegment of the left cranial lung lobe. The location of the mass is contiguous to the left thoracic wall. The location of the mass is more ventral and between the 4th to 8th intercostal space. A pleural fissure is seen contiguous, and the mass is silhouetting the left cardiac border. The contour of the mass is more defined in the right lateral view, allowing for better measurements and measures at least 25.0cm x 13.0cm length.

INTERPRETED BY

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

In the remaining lung lobes, there is a diffuse bronchial and unstructured interstitial pattern. No other soft tissue nodules are seen.

The thoracic wall adjacent to the mass is unremarkable, and there is no evidence of osteolytic or periosteal reaction in the adjacent ribs.

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The tracheal position and lumen are normal.

The cardiac silhouette spans approximately 50% of the thoracic width, 3.0 intercostal spaces, with normal shape. (VHS = 9.9). The pulmonary vessels are normal.

The mediastinum is normal, no evidence of enlarged lymph nodes.

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Dra. Martes

The diaphragm is normal.

Minor multifocal thoracic non-bridging spondylosis deformans is seen.

Multifocal osteoproliferative lesions are noted at the costochondral junctions and costosternal joints.

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The collimated abdomen is unremarkable.

Right thoracic limb

DATE

6-22-23



PATIENT Along the lateral aspect of the bilateral radial diaphysis and ulnar diaphysis, there is a mild amount of faint mineral smooth to palisading osseous proliferation with moderate surrounding soft tissue swelling. Also, a similar lesion is noted in the lateral borders of the metacarpal bone in the third and second phalanx of the fifth digit, in the metacarpal bone of the second digit, and in the first phalanx of the first digit.

Leo Pujals

SPECIES

The soft tissue surrounding these regions are mildly thickened.

Canine

Left thoracic limb

BREED

Along the lateral aspect of the bilateral radial diaphysis and ulnar diaphysis, there is a mild amount of faint mineral smooth to palisading osseous proliferation with moderate surrounding soft tissue swelling. Also, a similar lesion is noted in the metacarpal bone and first phalanx of the fifth digit, in the metacarpal bone in the second digit, and in the first phalanx of the first digit.

Labrador

SEX

The soft tissue surrounding these regions are mildly thickened.

Male Neutered

RADIOGRAPHIC DIAGNOSIS

- Large, partially defined, rounded, left sided thoracic soft tissue mass, superimposed to the left caudal subsegment of the left cranial lung lobe. The origin of the mass is likely the pulmonary parenchyma. The differential diagnosis includes primary pulmonary neoplasia, pulmonary metastatic unknown origin, a less likely parasitic granuloma, or an abscess.
- Scant pleural effusion.
- Normal cardiovascular structures.
- Multifocal, non-aggressive periosteal proliferation in both distal portions of the thoracic limbs; these findings are correlated to hypertrophic osteopathy.
- Concurrent soft tissue swelling, inflammation, and/or cellulitis in the thoracic limbs.
- Aging changes in the costochondral junctions and costosternal joints.
- Minor multifocal thoracic spondylosis deformans, incidental.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings confirm the suspicion of hypertrophic osteopathy. The thoracic limb findings are likely due to the presence of the thoracic mass and the origin of the mass is likely pulmonary. No other pulmonary nodules were identified. The differential diagnosis includes bronchoalveolar carcinoma, bronchial adenocarcinoma, or other tumor types, and less likely pulmonary granuloma. The pulmonary mass is peripherally located and amenable to ultrasound-guided fine needle aspiration for cytologic evaluation. A pulmonary mass biopsy is required for diagnosis.

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Leo Pujals

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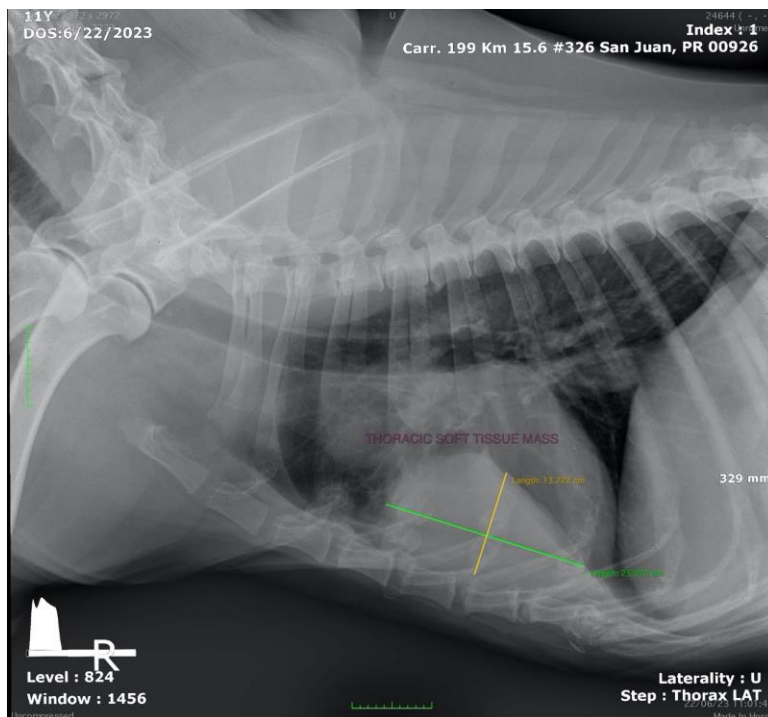
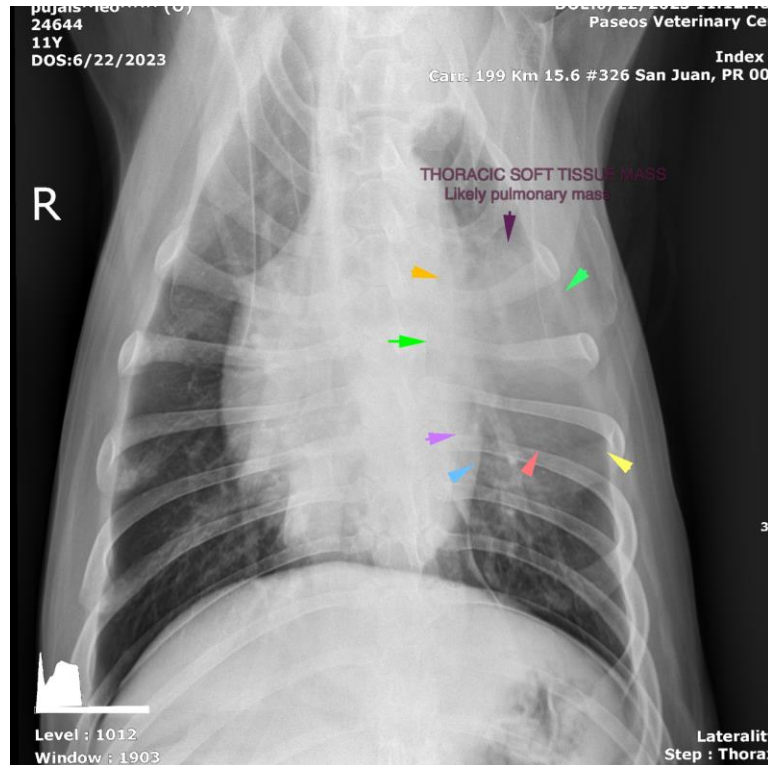
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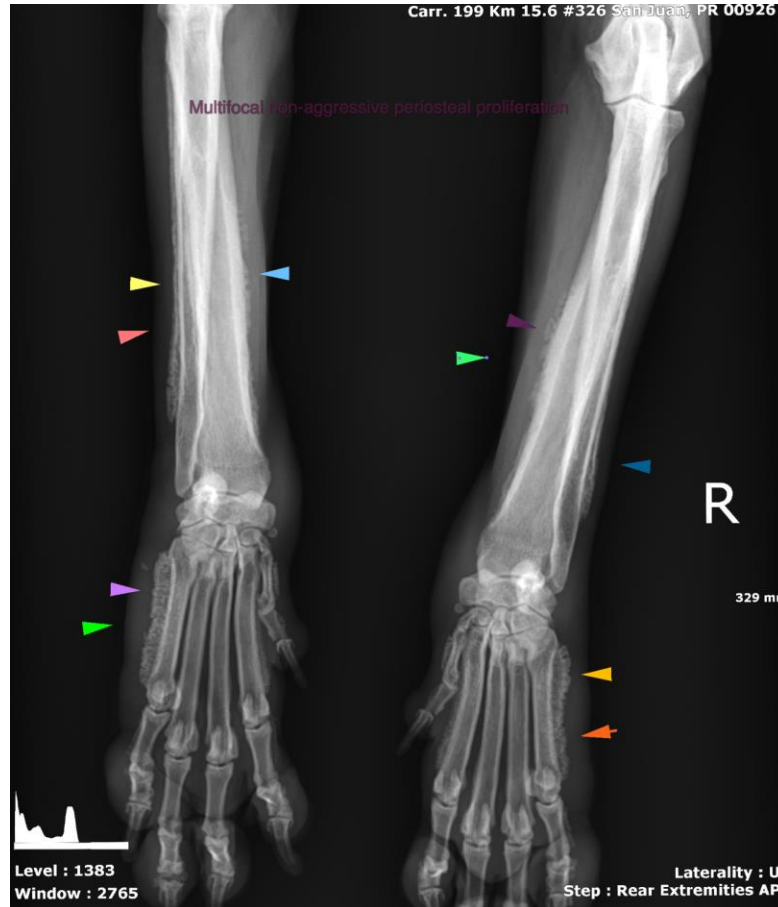
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dra. Martes

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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