



VETCT

Clinical support in your pocket

IT'S YOUR CASE

Species: Canine

Breed: Rottweiler

Sex: Female Neutered

Age: 11 years

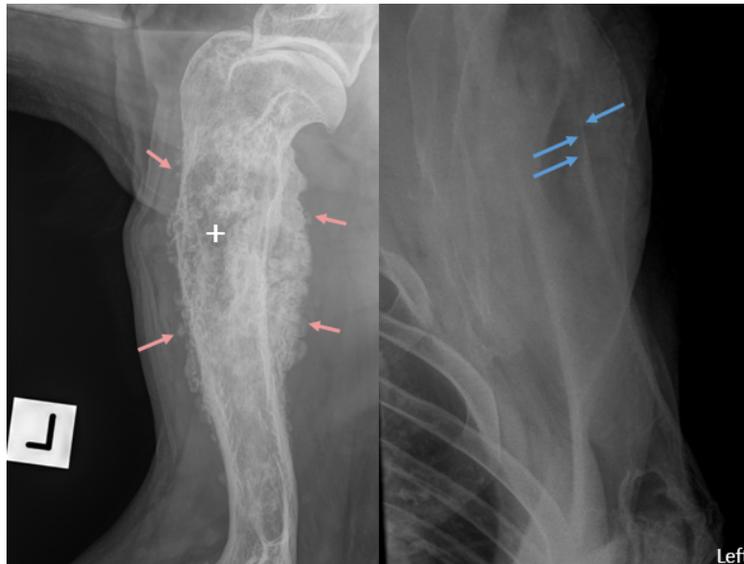
Clinical History:

Lame left front limb, repeated pain response mid humerus. Chronic perianal fistulas.

Details of study and technical comments: Orthogonal radiographs of the LF brachium. This study is of good diagnostic quality.

Diagnostic interpretation:

There is a large aggressive osseous lesion of the proximal humerus characterized by a large region of medullary lysis (WHITE PLUS SIGN), multifocal cortical thinning (LIGHT BLUE ARROWS) and severe circumferential irregular periosteal reaction (PINK ARROWS). Cortical thinning is most severe laterally and best appreciated in the flexed craniocaudal projection. This lesion has a long zone of transition, and there is no evidence of pathologic fracture.



Reported by VetCT

t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

Within the region of the intertubercular groove there are punctate and well-margined radiolucencies with surrounding patchy sclerosis. There is moderate periarticular osteophytosis of the elbow.

Conclusions:

- Aggressive left proximal humerus osseous lesion. Consider primary humeral bone neoplasia (e.g. osteosarcoma) or much less likely osteomyelitis (systemic mycotic infection, osteomyelitis).
- Left shoulder elbow osteoarthritis, left intertubercular groove

Additional comments:

The large aggressive osseous lesion in the left proximal humerus explains the patient's left foreleg lameness and palpation sensitivity. There is no evidence of pathologic fracture currently. By itself this lesion is most compatible with primary bone neoplasia such as osteosarcoma, although these tend to be centered more proximally on the metaphysis as they enlarge they can have a more diaphyseal appearance.

Clinical correlation is required to exclude the unlikely possibility of an infectious cause, and if needed sampling could be considered for definitive diagnosis. Sabattini et al JVIM 2017 found in 68 dogs that the accuracy of FNA/cytology compared to Jamshedi style biopsy/histopathology was similar for bone lesions and in no cases were benign lesions reported as malignant. However the bone tumor type was only correctly identified in ~50% of cases.



Reported by VetCT

t. +44 (0)1223 422251 **www.vet-ct.com** **e.** info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.