



Client Details		Patient Details		Record Details	
Name	Melcher, Shanda 527386	Name	Buddy 257831	Consult #	549074
Address	3219 25th Ave W Seattle, Washington, 98199	Species	Canine (Dog)	Record Date	04-21-2020
		Breed	Australian Shepherd Mix	rDVM	Dr Steven Coffin
		Age	13 years 8 days	rDVM Clinic	Interbay Veterinary Care Center
Phone(s)	Mobile: 866-708-4211	Sex	Male Neutered	rDVM Fax	12062821962

**CASE SUMMARY for "Buddy" Melcher**

**DATE OF DISCHARGE:** 04-21-2020

Thank you for entrusting Buddy to us today. If you have any questions please do not hesitate to call.

Lindsey Peterson DVM, MS, DACVIM

**+** Master Problems

**04-21-2020: Vertebral Mass**

Associated with right side of C7, T1, T2 vertebrae with extension into vertebral canal  
Involvement of surrounding muscle, first rib, and vertebral body  
Suspect sarcoma

**04-16-2020: Lameness**

Right forelimb

**♥** Health Status

Date/Time	Weight (kg)	Temp(°F)	Heart Rate	CRT	MM Attitude Notes
04-21-2020 2:30:01pm		101.4	116	1-2 sec Pink	Resp. rate = pant Attitude = QSR
04-21-2020 12:10:01pm		101.4	116	1-2 sec Pink	Resp. rate = pant
04-21-2020 8:00:00am	24.40	101.4	116	1-2 sec Pink BAR	Resp. rate = pant Resp effort = None BP Doppler = 120 c4 RH

**🕒** History

**04-21-2020 2:14:14pm, Lindsey Peterson DVM, MS, DACVIM**

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Buddy is presenting for MRI of the cervical spine +/- shoulder following evaluation by Dr. Spoor on 4/16/20 for progressive right thoracic limb lameness.

### Previous history

Buddy is a 13 year old MN Australian Shepherd X who presented to the Neurology Service for evaluation of right thoracic limb lameness that started late January. He had radiographs performed with his primary veterinarian and strict rest with carprofen did not seem to help his lameness improve much. He improved very slightly after being on carprofen for a week. This was discontinued on Sunday and he is now worsening again. His owners aren't sure if he is painful or not but they note that he is restless since discontinuing carprofen. Buddy's lameness also seems to worsen with activity. He will occasionally knuckle his right thoracic limb but he has not been dragging it. He is still able to posture to urinate and defecate.

Buddy was adopted from PAWS at 12 years of age. He has a history of traveling to Cleveland, OH in January 2019. Buddy has a history of growths removed from his chest and eyelid. He has GI sensitivities, so he eats Royal Canin hydrolyzed protein diet. He is up to date on vaccines and is on a monthly preventative. There are no other pets in the house and he is supervised when outdoors. There is no known physical trauma or exposure to toxins. His appetite and eliminations are still normal.

### Current Medications:

Gabapentin 200 mg PO q8-12 hours

### Physical Exam

Attitude/behavior: BAR, friendly

Eyes/Ears/Nose/Throat: Clear OU. External ear canals are clear of excess cerumen AU. No nasal discharge observed. There is moderate gingivitis/periodontal disease present.

CV/Respiratory: No murmur or arrhythmia, and pulses strong and synchronous. Normal bronchovesicular sounds. No crackles or wheezes auscultated and normal respiratory effort/panting during the examination.

Gastrointestinal: Abdomen was soft and non-painful. No organomegaly was palpated.

Genital/urinary: No discharge from prepuce observed. External structures are normal. Urinary bladder was palpable, but normal in size.

Integument: Healthy hair coat. No evidence of external parasites during exam. No evidence of abrasions or pyoderma. Large mass around the ventral abdomen/prepuce - soft, movable, ~4-5" diameter.

Musculoskeletal: Muscle atrophy over right thoracic limb - mainly biceps, shoulder. No crepitus or effusion palpated over joints. Comfortable on flexion and extension of joints. Full orthopedic exam not performed.

Peripheral LN: Lymph nodes were normal in size.

Rectal: Unremarkable

### NEUROLOGIC EXAMINATION:

Mentation: Alert and appropriate

Posture: Normal

Gait: Right thoracic limb lameness - weight bearing with an obvious head bob

Conscious Proprioception: Mild delay in right thoracic placing as compared to left; normal in pelvic

Spinal Reflexes: Reduced strength of withdrawal in the right thoracic limbs. Normal withdrawal and myotatic reflexes in pelvic limbs - mildly decreased patellars bilaterally.

Pain: Pain with palpation over shoulder and spine near the right thoracic limb; no reaction to left side manipulation noted on exam.

Cranial nerve signs: None

Neuroanatomical Localization:

C6-T2 myelopathy/radiculopathy, right lateralized

Less likely musculoskeletal injury

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## Assessments

### DIAGNOSTIC TESTING PERFORMED:

- Neurologic evaluation
- MRI cervical spine - final radiology report is pending

### DIAGNOSIS:

Neoplasia C7-T3 right paraspinal, associated with head of the first rib and surrounding soft tissues

- the highest suspicion for sarcoma (osteosarcoma, soft tissue sarcoma), less likely PNST

## Plans

Continue gabapentin 200-300 mg PO q8-12 hours

Prednisone 10 mg PO q12 hours

Further diagnostics/treatment would include staging, incisional biopsy and/or radiation therapy

Surgery would be high risk as the mass appears to be involving the chest wall and there is enlargement of a local lymph node suggesting possible metastasis.

## Discharge Summaries

### DIAGNOSTIC TESTS PERFORMED:

*Neurological examination*

*MRI cervical spine*

### DIAGNOSIS:

*Mass/cancer associated with the right C7, T1, and T2 spine - suspect sarcoma*

### TREATMENT & FOLLOW-UP:

Buddy was presented for MRI to investigate a chronic progressive right forelimb lameness. Unfortunately, the results of our tests have led us to a presumptive diagnosis of cancer/neoplasia originating at the level of the C7 to T2 spine. This mass extends through the surrounding soft tissues and involves the first rib, side of the vertebrae, and is partially extending into the vertebral canal. A problem at this location does explain the discomfort and gait abnormalities you have noted over the past few weeks. This mass appears most consistent with a tumor-type/cancer called a sarcoma. This type of tumor originates from bone or soft tissue and invades locally. It can also metastasize (spread) and Buddy is showing enlargement of a nearby lymph node which may indicate the spread of cancer in his case.

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**Image 1:** front to back cross-section view of the spinal cord and surrounding structures. The arrow is pointing to the spinal cord. The circle outlines the mass/tumor that is sitting next to the spine with slight growth into the spinal canal from the right side.

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**Image 2:** Top to bottom view of the spine. The top is towards the head, bottom toward the abdomen. The circle outlines the mass associated with the side of the spinal column. The arrow denotes the spinal cord.

To gain a more definitive diagnosis a biopsy of the affected tissue would be necessary. This would require a short surgery to get a sample. Full surgical removal of the mass would not be possible or advised in this location due to the location near the chest wall and relatively high risk of local recurrence due to microscopic spread of disease beyond the level the tumor is visible to the eye. Radiation would be a less invasive treatment option. The goal of radiation therapy is to slow growth and reduce pain associated with the tumor. This is not a cure but is a more direct treatment and can be beneficial in slowing growth for weeks to months.

At this time we have elected to start with supportive/palliative medical management for Buddy's condition. This includes steroid and pain management therapy. As we have discussed, it will be important to monitor his comfort and mobility over time. While there are additional pain medications that can be layered on as well as moderate increase of steroids in the future, eventually either intractable pain or loss of function in the pelvic limbs/inability to urinate will lead to a decision of human euthanasia. If you are interested in learning more about other methods of treatment including radiation therapy, please schedule an appointment with a veterinary oncologist or radiation oncologist. We

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can provide information for the clinics in this area.

**MEDICATIONS:**

*Prednisone (20 mg tablets):* Administer **1 tablet (20 mg)** orally once daily until otherwise instructed by a veterinarian. This medication is a steroid being given at an anti-inflammatory dose. Increased thirst, urination and appetite are common side effects. Please ensure Buddy has free access to water while on this medication. However, it is okay to pull up water 60-90 minutes prior to leaving the house or bed time to help avoid accidents.

\*\*\*You can start this medication when you get home or tomorrow morning.

*Gabapentin (100 mg capsule):* Administer **1-2 capsules** orally every 8-12 hours as needed for pain. May cause sedation. \*\*\*You can continue this medication once you get home.

**RECHECK:**

If you do not elect to pursue surgical intervention, please schedule a recheck appointment in 1-2 weeks to discuss Buddy's quality of life with palliative care. This can also be a phone consultation. If you feel that Buddy's condition is progressing prior to this time, please contact a veterinarian. If you would like more information about radiation therapy, please let us know.

**Thank you for bringing Buddy to the Veterinary Specialty Center if you have any further questions or concerns, please do not hesitate to call (425) 697-6106.**

Sincerely,

**Lindsey Peterson DVM, MS, DACVIM (Neurology)**

**Erich Spoor, DVM, DACVIM (Neurology)**

Buddy had an intravenous catheter placed during his stay at the Veterinary Specialty Center, there is a section of fur clipped on the leg. A light pressure wrap was placed after catheter removal.

Buddy no longer has a pressure wrap in place. Staff Initials \_\_\_\_\_.

Buddy does still have a pressure wrap in place, please remove it today, at to prevent swelling, pain or damage to the leg. Owner Initials \_\_\_\_\_.

Let our medical team know if you have any questions regarding this.

Please make note that we require 48 hour notice of any needed medication refills to allow for approval and processing.

Signed:

Witnessed By:  Practice Staff

Date: 04-21-2020

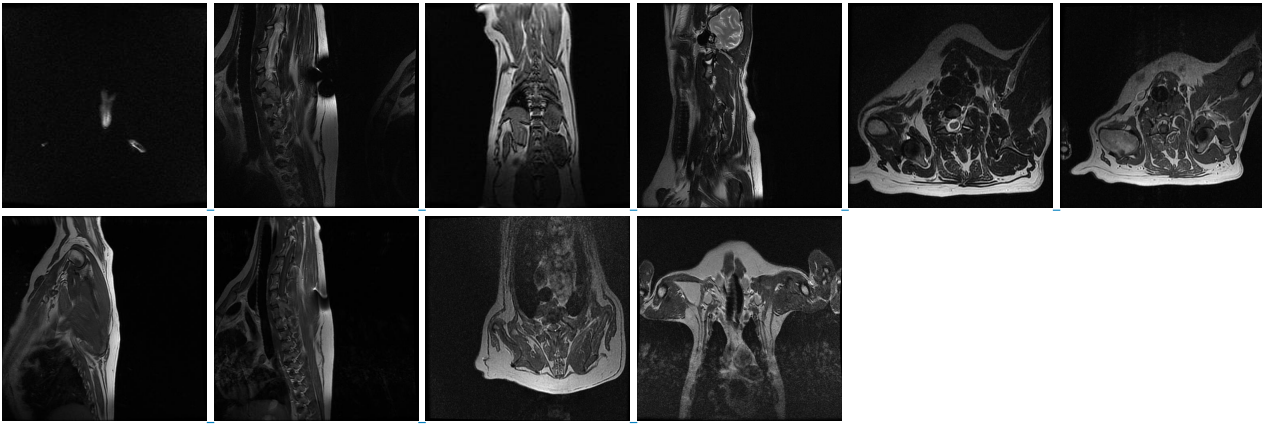
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 Diagnostic Result

**04-21-2020 1:33:30pm, Lindsey Peterson DVM, MS, DACVIM**

MRI Spine Segment - Lindsey Peterson DVM, MS, DACVIM (Ref: US10559-DR125024)

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**Imaging Online Viewable External Link:**

<https://pathway.vetrocket.net/view.html?link=p2fLDgL0Bgu9vLnduYzZDwLKpteUmY42IJeUnc4XlJuXodK1IjiYmtKYmdG2otq4odmZmZu3nZq3nta3ndqWnjy2mZGYnjG3mJC3ocb1pte2igm9mJaYmc0Wnc0Ymq>

**Medication**

<b>Date/Time</b>	<b>Drug Name</b>	<b>Qty</b>	<b>Instructions</b>	<b>Prescribed By</b>
04-21-2020 3:21:21pm	Prednisone 20mg (Per Tablet)	30	GIVE 1 TABLET BY MOUTH EVERY 24 HOURS.	Lindsey Peterson DVM, MS, DACVIM