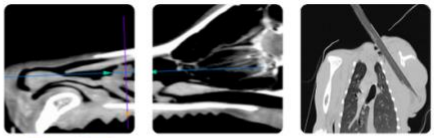

PATIENT

Bella Johnson

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years 3 Months

WEIGHT

77 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

IMAGING PERFORMED BY

Faith Animal Care

HOSPITAL NAME

Faith Animal Care

REFERRING VET

Dr. Faith

INVOICE

35748

DATE

2/6/26

PRESENTING CLINICAL SIGNS

History: Limping started around 2 weeks ago, left rear leg. Still will put some weight on it, but for the most part holding it up above the ground. Was originally not eating well after injury, but after starting Carprofen 150mg SID and Gabapentin 300mg BID is eating better and seemed to be perked up.

Abnormal PE/Chem/CBC/UA Results: 2/3/26- Musculoskeletal: severe weight bearing lameness present left rear leg. Swelling palpated over left stifle. Unable to evaluate feet. 2/6/26- No obvious drawer. Slight meniscus pop possible but significant pain response (vocalization) with palpation of stifle even under sedation.

RADIOGRAPHIC STUDY OF THORAX AND STIFLES

Thorax:

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The cranial mediastinum is of physiologic size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located level with T5.

The lung lobes are well aerated and extend to the thoracic boundaries. Pulmonary vessels are well outlined to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 2 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Hind legs: marked muscle atrophy is present on the left.

Stifle L: the joint presents with smooth femoral, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The proximal third of the tibia is mainly sclerotic. An approx. 2.5cm diameter, bony proliferation with smooth margins but without trabecular structure extends past the fibula. Focal, lucent regions extend arc-like from the, likewise affected, intercondylar eminence past the fibula into the lateral bony extension. Smoothly undulating periosteal new bone is present on the medial aspect of the proximal tibial as well as on the distal aspect of the bone protrusion where it extends into a bony wedge. On the lateral view a double bony outline is visible on the cranial tibial plateau and is accompanied by a crescent shaped, thin lucent line. The opacity of the cranial fat pad is slightly increased apart from the most cranio-distal aspect and immediately distal to the patella. The caudal fascial plains are slightly reduced by the in the joint. The patella is located centrally in its groove. The popliteal lymph node appears prominent.

RADIOGRAPHIC DIAGNOSIS

L hind leg

- Mixed, primary sclerotic, expansile bone lesion proximal L tibia
- Periosteal reactions
- Possible fracture tibial cranial plateau
- Joint swelling
- Muscle atrophy

Incidental findings

- Bilateral HD
- Bilateral hip arthrosis (moderate on the L)

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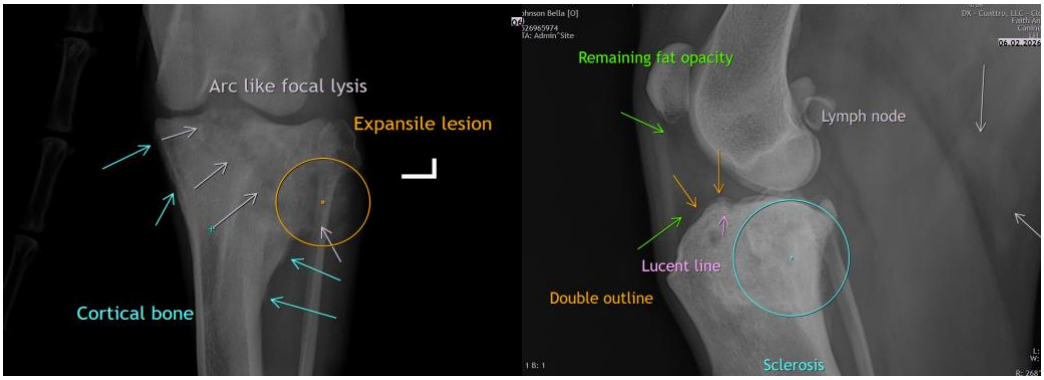
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tibial changes are highly suggestive of a primary, sclerotic bone tumor. Differential diagnoses are benign tumors such as osteoma, chondrosarcoma though they are not usually associated with lysis Hematology will help rule out infection. A joint tap can help differentiate between fluid and tissue and samples can be examined cytologically. The popliteal lymph node should be compared to the other side. A sample from the node may help detect malignant cells. Otherwise, surgical bone samples will have to be obtained and submitted for histopathology. The lucent line could represent a pathological fracture and would add to the pain.

I can see no metastases in the thorax but local and sublumbar lymph nodes could be affected and thus have to be included in the staging.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com