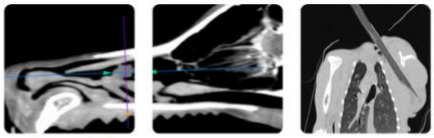

PATIENT

Tex Wolf

SPECIES

Canine

BREED

Border Collie Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

53.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Veterinary Technicians

HOSPITAL NAME

Northshore Veterinary Hospital

REFERRING VET

Dr. Karla Schultz

INVOICE

14687

DATE

03/27/26

PRESENTING CLINICAL SIGNS

Radiograph submission for evaluation of L distal radial abnormality: neoplasia vs bone cyst? No travel history outside of Washington State, clinical discomfort is not consistent with bone neoplasia (p is weight-bearing and relatively comfortable).

P presented for mild intermittent forelimb lameness duration week to months

PE: no overt lameness when walking, mild-mod crepitus at carpi (L>R) and stiffness with shoulder flexion (R>L). Muscle atrophy at cranial shoulders. Minimally reactive to palpation along both forelimbs including firm palpation at distal antebrachium

P has EPI well-controlled with pancreatic enzyme supplementation

• PE: no overt lameness when walking, mild-mod crepitus at carpi (L>R) and stiffness with shoulder flexion (R>L). Muscle atrophy at cranial shoulders. Minimally reactive to palpation along both forelimbs including firm palpation at distal antebrachium • CBC/chem/ua: WNL other than stable chronic isosthenuria

RADIOGRAPHID STUDY OF THORAX AND CARPI

R/L lateral and VD/DP are provided, totaling 7 radiographs for interpretation.

27.03.2026

RADIOGRAPHIC FINDINGS

Thorax

The body condition score is 7/9 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 T5/6.

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 70% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Distal Radius L

The soft tissue structures are symmetrically developed and physiological.

On the lateral view a well circumscribed, radiolucent, circular structure with a thin caudal bone rim increases the radial width. On the DP the structure is located on the lateral aspect in the region of the former metaphysis. It occupies approx. 70% of the width of the radial bone at that level and shows a loss of trabecular structure. The lateral cortex also shows a circumscribed, more tubular lysis of approx. 2cm length.

Carpus L

The soft tissue structures are symmetrically developed and physiological. Small osteophytes are located on most carpal bones

Cortico-medullary development and differentiation of the long bones are physiological.

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All sesamoid bones are physiologically developed and have smooth surfaces. The joints are congruent.

RADIOGRAPHIC DIAGNOSIS

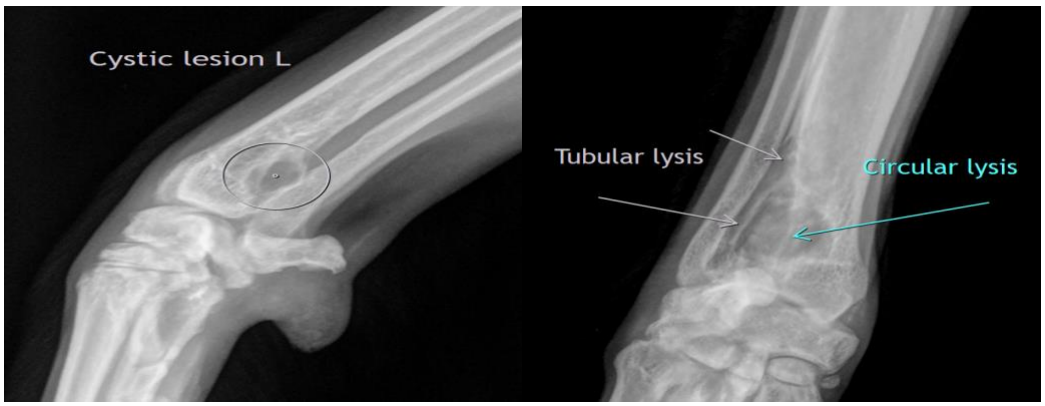
- Space occupying lesion left distal radius
- Carpal arthrosis left, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes have a benign appearance though the loss of trabecular structure indicates destruction. Possible differential diagnoses include

- Aneurysmal bone cyst
- Giant cell tumor
- Chondroblastoma

Aneurysmal bone cysts consist of multiloculated blood-filled spaces of variable size separated by fibrous septa and are surrounded by a thin reactive bone formation rich in multinucleated osteoclast-like giant cells. For the diagnosis a bone biopsy is necessary. CT and MRI are good tools to show the fluid levels in the cysts and small hairline fissures that may develop into a fracture. Should it turn out to be a bone cyst, surgical treatment with intralesional curettage, excision or en bloc excision with bone grafting are options.



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