



**PATIENT PRESENTING CLINICAL SIGNS**

Luna Salvatore History of bilateral ECR 2018/2019. WBL LHL, with intermittent weight shifting off RHL Bilateral stifle thickening and remodeling with crepitus on palpation. Severe medial buttress bilaterally with effusion, Left side significantly worse compared to right. Today non-weight bearing on the left hindlimb starting approximately 3 days

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE STIFLES & PELVIS**

Mediolateral views of both stifles and lateral and ventrodorsal views of the pelvis totaling 4 images available for review.

**BREED**

Rottweiler

**RADIOGRAPHIC FINDINGS**

Patient has a history of bilateral extracapsular repair of cranial cruciate ligament injury.

**SEX**

FS

**Right Stifle**

Mild articular swelling of the right stifle joint is seen.

**AGE**

6 Years

Metal implant from prior surgery is superimposed onto the distal femur in the mediolateral view and appears to be in a proximal and lateral position level with the proximal aspect of the patella in the orthogonal view. Medial and lateral buttress signs are seen in the orthogonal view. The drill holes in the tibial tuberosity present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

A moderate amount of periarticular osteophytes is seen at the distal pole of the patella, femoral trochlea, femoral condyles, and cranial margin of the tibial plateau.

There is no evidence of cranial thrust of the tibia.

Mild thickening of the distal segment of the patella tendon is noted.

**HOSPITAL NAME**

Animal Surgical  
Center

**Left Stifle**

Severe soft tissue swelling is seen circumferential to the proximal left tibia with permeative aggressive osteolysis within the medullary cavity with multifocal endosteal scalloping and cortical bone thinning. The transition zone to the unaffected bone is long and indistinct. There are also moderate to severe osteoarthritic changes of the left stifle joint with severe articular swelling.

**REFERRING VET**

Meadowbrook Animal  
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The drill holes in the tibial tuberosity are in situ. The metal implant is in situ as well.

Mild left popliteal lymphadenomegaly is noted.

**INVOICE**

56130

**Pelvis**

Disuse atrophy of the left hind limb musculature is noted.

**DATE**

1-11-23

The coxofemoral joints present within age related normal limits.

Moderate spondylosis deformans is seen at the lumbosacral junction.



**PATIENT**

Luna Salvatore

Severe bridging spondyloses are also present between L4/5 and L5/6.

**RADIOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

- Monostotic aggressive osteolytic lesion of the left proximal tibia.
- Bilateral stifle osteoarthritis with history of extracapsular cruciate ligament repair.
- Potential for implant failure on the right hind limb.
- Disuse atrophy of the left hind limb musculature.
- Left popliteal lymphadenomegaly.
- Normal age related findings of the coxofemoral joints.
- Degenerative lumbosacral stenosis and lumbar spondyloses.

**BREED**

Rottweiler

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

The main finding is the presence of an aggressive osteolytic lesion within the proximal left tibia with the differential diagnosis of primary neoplasia of bone such as osteosarcoma or chondrosarcoma being by far most likely. Other neoplasia of bone such as hemangiosarcoma, fibrosarcoma, metastatic disease, or other cannot be ruled out entirely but is considered by far less likely. Bone biopsy could be obtained for further verification.

**AGE**

6 Years

Fine needle aspiration of the left popliteal lymph node could be considered in order to rule out early metastatic disease.

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**PATIENT**

Luna Salvatore

**SPECIES**

Canine

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Rottweiler

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**AGE**

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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.

**HOSPITAL NAME**

Animal Surgical  
Center

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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