



## PATIENT

Zarra Martinez

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

4

## WEIGHT

71

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr Jennifer Schiebert

## HOSPITAL NAME

Shadowridge  
Veterinary Hospital

## REFERRING VET

Dr Jennifer Schiebert

## INVOICE

72850

## DATE

12-3-25

## PRESENTING CLINICAL SIGNS

2-3 month hx of slow growing soft tissue mass on ventral, dorsal, medial aspect of distal L metatarsal region. FNA is bloody. Suspect hemangiopericytoma or other type of tissue sarcoma. R/o sarcoma vs fugal vs other.

## COMPUTED TOMOGRAPHIC STUDY OF THE BILATERAL METATARSUS

Plain and post contrast study of the right and left metatarsus are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals an ill-defined soft tissue mass in the left metatarsal region, which is predominantly plantar, however, involving the metatarsal's 2-4 and extending dorsally, medially, and laterally encompassing much of the metatarsal region circumferentially. Extensive periosteal new bone formation is noted along the metatarsal bones 2-4. Focal mineralizations are present within the soft tissue mass. The mass demonstrates nonuniform contrast enhancement with multifocal intralesional cavitation. Overall measurements are 7 x 4.5 x 3 cm.

Mild new bone formation of the right sustentaculum tali in the region where the deep digital flexor tendon passes is noted; likely degenerative or reactive.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue mass with aggressive biological behavior in the left metatarsal region involving and encompassing the metatarsal bones.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis includes hemangiopericytoma, fibrosarcoma, or other malignant soft tissue neoplasia. The mass encompasses multiple metatarsals and extends plantar to dorsal. Given the extensive involvement of the metatarsus, partial or complete limb amputation should be discussed to achieve local tumor control. Complete resection with safety margins is unfeasible without limb amputation and conservative excision is unlikely to achieve clean margins. Adjunctive therapy such as radiation or chemotherapy could be considered for local control or if limb sparing surgery is attempted.



## PATIENT

Zarra Martinez

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

4

## WEIGHT

71

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr Jennifer Schiebert

## HOSPITAL NAME

Shadowridge  
Veterinary Hospital

## REFERRING VET

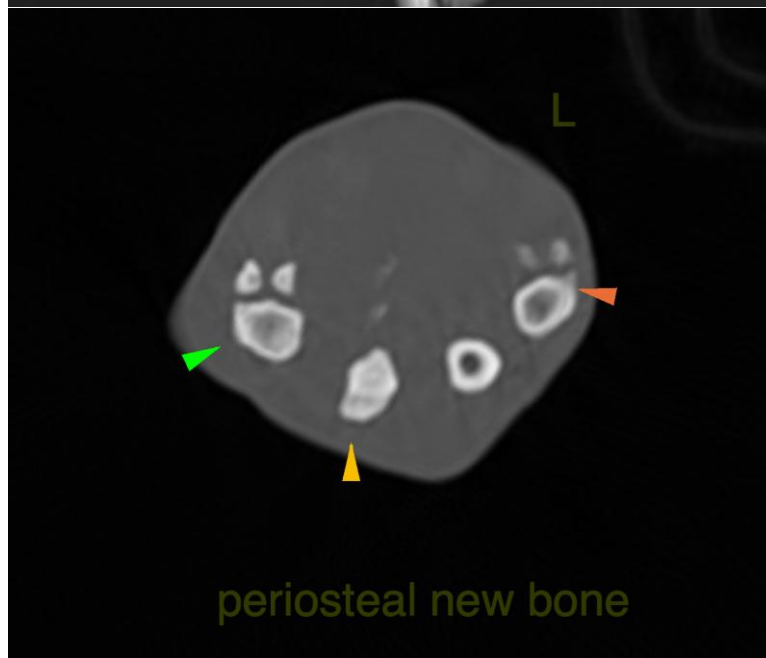
Dr Jennifer Schiebert

## INVOICE

72850

## DATE

12-3-25





## PATIENT

Zarra Martinez

## SPECIES

Canine

## BREED

Boxer

## SEX

FS

## AGE

4

## WEIGHT

71

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Dr Jennifer Schiebert

## HOSPITAL NAME

Shadowridge  
Veterinary Hospital

## REFERRING VET

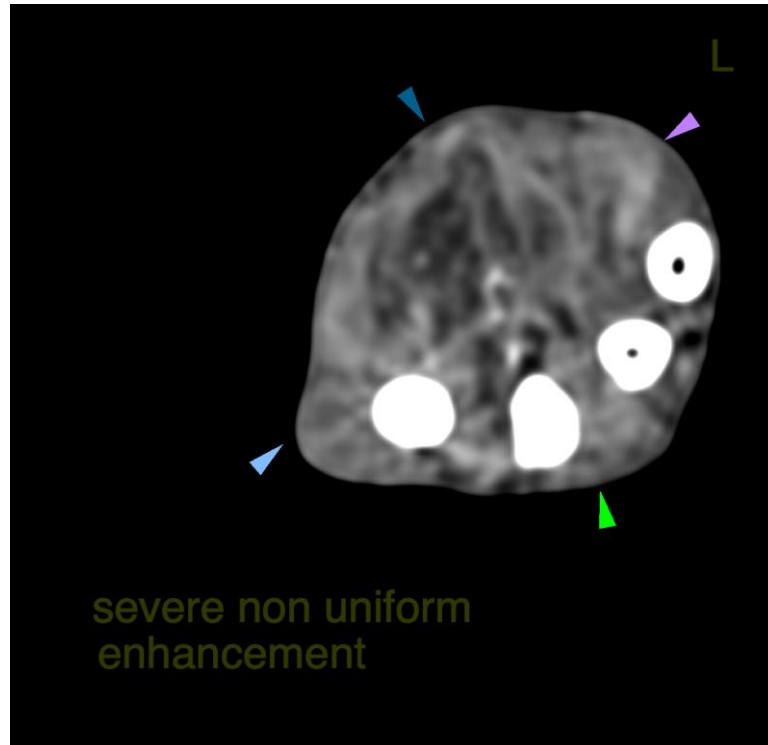
Dr Jennifer Schiebert

## INVOICE

72850

## DATE

12-3-25



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

**Nele Eley (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)