



PATIENT

Luke Solorzano

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

9Y, 2M

WEIGHT

104

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Coward

INVOICE

73599

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Luke has had chronic intermittent limping in the hindlimbs for at least the past 4 months which waxes and wanes in severity. Initial signs were seen following a beach visit which could have included trauma from jumping out of car. Since that time signs have been intermittent and O has heavily restricted activity. P has gained ~ 20lbs. No crepitus or effusion noted on PE.
- Additionally P has marked enlargement distal phalange of Digit V of RFL, unknown time frame. Small dermal mass present ventral to nail with some bleeding noted on exam.

RADIOGRAPHIC FINDINGS

Right Front Paw

Aggressive lysis of the distal phalanx of the 5th digit with milder involvement of the middle phalanx and mild osteoproliferative changes in terms of palisading periosteal new bone formation are seen. Severe soft tissue swelling is seen surrounding the affected digit with a mass effect.

The 4th digit in the right front paw presents mild osteoarthritis of the metacarpophalangeal joint.

Left Hind Paw

Mild osteoarthritis and a suspected osteochondral lesion of the trochlear ridge of the talus are seen in the left tibiotarsal joint. Mild articular swelling of the tibiotarsal joint is present.

Right Hind Paw

The right tarsus presents within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Aggressive bone lysis with severe soft tissue swelling of the right front 5th digit.
- Mild osteoarthritis of the 4th metacarpophalangeal joint – right front.
- Mild osteoarthritis and suspected osteochondral lesion of the trochlear ridge in the left hind paw.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study shows aggressive bone lysis in the 5th digit of the right front paw with a soft tissue mass effect. Differential diagnosis includes neoplasia such as soft tissue neoplasia with secondary bone lysis and less likely digital osteosarcoma or severe infectious osteomyelitis.

The suspected osteochondral lesion in the left tarsus could be a source of intermittent hind limb lameness.

Biopsy and/or surgical amputation for definitive diagnosis and treatment of the right front 5th digit with consecutive histopathology are recommended after staging. Clinical monitoring of the left hind tarsus can be considered. Also consider advanced imaging such as CT or MRI if persistent lameness or pain emanates from the left hind.



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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.

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