



## PATIENT

Elon Fernandez

## SPECIES

Canine

## BREED

Great Dane

## SEX

Male

## AGE

4Y

## WEIGHT

132lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Monika Salgado

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

74372

## DATE

3-26-26

## PRESENTING CLINICAL SIGNS

- Presented with left radius severe inflammation; x-rays revealed periosteal reaction. No metastatic disease at the moment radiographically.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

## COMPUTED TOMOGRAPHIC STUDY OF THE LEFT RADIUS & THORAX

Plain studies of the left radius and thorax are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

### Left Forearm

Aggressive osteolytic mass involving the distal left radius is seen. Cortical bone destruction with permeative pattern and spiculated new bone formation and long transition zone to the unaffected bone is seen. There is extensive regional soft tissue swelling. Involvement of the ulna with periosteal new bone formation is seen adjacent to the radial lesion.

### Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long axis ratio.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior. No pulmonary nodules are identified.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Highly aggressive bone tumor of the distal left radius.
- No current evidence of thoracic metastasis.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT features suggest presence of a highly aggressive primary bone tumor in the distal left radius. Differential diagnosis includes osteosarcoma primarily. However, other primary osseous sarcoma such as fibrosarcoma, chondrosarcoma, and soft tissue neoplasia with secondary bone involvement cannot be ruled out completely. The mild ulna involvement may represent local extension which should be considered for surgical planning.

The absence of pulmonary nodules is reassuring. However, regional lymph node metastasis and micrometastasis remain a possibility.

Staging including lymph node FNA and abdominal imaging as well as biopsy to confirm suspicion of primary osseous neoplasia by means of histopathology should be considered before definitive therapy.



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Consider oncologic consultation to discuss adjunctive chemotherapy post-amputation should osteosarcoma be confirmed.



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)