



## PATIENT

Ivy Genovese

## SPECIES

Canine

## BREED

Doberman Pinscher

## SEX

Spayed

## AGE

8Y

## WEIGHT

77

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carissa Hayden

## HOSPITAL NAME

Elizabeth Animal  
Hospital

## REFERRING VET

Jennifer Redus, DVM

## INVOICE

74455

## DATE

4-2-26

## PRESENTING CLINICAL SIGNS

- Seems hard to be putting any weight on the left hind leg.
- Took Ivy on a walk and when they came back she went playing with the foster dog and it seemed like that's when she hurt her leg.
- It seems like she has a hard time getting up from laying down.
- They let her rest thinking it would get better, but it hasn't.
- Seems to hold that leg up a lot.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Pigmented mass on right lower eyelid Oral Cavity: Dental disease grade 2 with moderate tartar and gingivitis Circulatory System: Grade 3/6 heart murmur, point of maximal intensity left side Coat/Skin: Diffuse subcutaneous masses of various sizes and shapes on trunk; nails elongated Musculoskeletal: Significant swelling of left tarsus, swelling somewhat depressible due to edema but relatively firm. Intermittent weight bearing on left hind limb. NO RECENT BW

## RADIOGRAPHIC STUDY OF THE STIFLES & TARSI

Mediolateral and craniocaudal views of the stifles and tarsi are available for review.

## RADIOGRAPHIC FINDINGS

### Stifles

Mild to moderate new bone formation is seen along the lateral fabellae bilaterally.

There is no evidence of intraarticular changes, articular enlargement/effusion, or osteoarthritis in either stifle.

### Left Tarsus

Monostotic permeative lysis is seen in the distal left tibia with cortical thinning and expansion. Transition zone is long and indistinct. Periosteal new bone formation is seen. There is no evidence of joint involvement or other bone involvement.

Muscle atrophy of the left hind limb is noted.

### Right Tarsus

The right tarsus presents within normal limits.

## RADIOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion of the left distal tibia.
- Signs of bilaterally symmetric chronic gastrocnemius musculotendinopathy – not necessarily of clinical significance.
- Left hind limb muscle atrophy secondary to chronic disuse.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The distal tibial lesion is aggressive in appearance with permeative pattern suggesting either neoplastic or severe osteomyelitic etiology. Differential diagnosis includes primary neoplasia of bone such as osteosarcoma, other primary bone tumors, metastatic lesions, osteomyelitis. At this time, there is no



## PATIENT

Ivy Genovese

## SPECIES

Canine

## BREED

Doberman Pinscher

## SEX

Spayed

## AGE

8Y

## WEIGHT

77

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carissa Hayden

## HOSPITAL NAME

Elizabeth Animal  
Hospital

## REFERRING VET

Jennifer Redus, DVM

## INVOICE

74455

## DATE

4-2-26

evidence of pathologic fracture. Orthopedic/oncologic consultation to determine etiology by biopsy and histopathology is recommended for definitive diagnosis.



**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)