



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Scarlett Giammarco

**SPECIES** Canine

**BREED** Greyhound

Had a severe comminuted radius and ulna fracture in June 2021 and repaired with 2 bone plates at the time. Dog recovered well and had had no issues since then up until 6 weeks ago the owner noticed some swelling associated with the distal antebrachium (radius) associated with previous surgical site/fracture. The dog became lame in RFL approximately 4 weeks ago and the swelling has steadily increased along with lameness. According to the owner, the referring vet has apparently taken aspirates for cytology and culture of the region without any luck in growing any bacteria. Physical exam showed grossly swollen distal radius and 2-3/5 lameness. There was fluid swelling associated with the area which aspirated serosanguinous fluid. No specific draining sinus to suspect osteomyelitis lesion. Radiographs taken show significant amount of lysis of both the radius and ulna under bone plates associated with previous fracture site. The bone plate is essentially bridging this lytic region. Concerned about neoplastic process vs severe osteomyelitis.

**COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS & THORAX**

**SEX** Female

Plain and post contrast CT studies of the front limbs in soft tissue and bone windows and plain study of the thorax in lung window available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**AGE** 6

**Right Front Limb**

Patient has a history of traumatic osseous injury of the distal radius and ulna treated with open reduction and internal fixation with radius and ulna bone plates in June 2021.

Severe soft tissue swelling of the distal right forearm level with the bone plates and priorly fractured area is seen. Expansion of both the radius and ulna with severe extensive moth eaten osteolysis and periosteal new bone formation is noted. The transition zone to the unaffected bone appears to be long and indistinct; however, the assessment of the area is limited by multiple beam hardening streak artifacts caused by the orthopedic devices. The lytic changes appear to be restricted to radius and ulna. The severe expansile soft tissue swelling presents predominance of peripheral enhancement on the post-contrast study. The antebrachiocarpal joint and carpal bones appear to be spared.

Moderate disuse atrophy of the right front limb musculature and bones accentuating the phalangeal bones is seen.

The right axillary lymph node is mildly enlarged.

**Thorax**

The bony and surrounding soft tissue structures are within normal limits.

51881 The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio.

**DATE** 5-3-22 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

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**PATIENT**

normal limits.

Scarlett Giammarco

The lung parenchyma presents the expected architecture.

**SPECIES**

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

Canine

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

Greyhound

- History of open reduction and internal fixation of a comminuted fracture of the right distal radius and ulna in June 2021.
- Suspect surgical site neoplasia with polyostotic aggressive osteolysis of the distal right radius and ulna.
- Disuse atrophy of the right front limb musculature and bone.
- Mild right axillary lymphadenomegaly.

**SEX**

Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical site sarcoma with polyostotic aggressive bone lysis of the distal right radius and ulna is thought a likely potential in this case. Other neoplasia such as round cell neoplasia, primary neoplasia of bone, giant cell tumor, or other are thought unlikely based on the CT findings and the potential for osteomyelitis is considered low with the expansile and mass like presentation. However, final diagnosis will require sampling for histology and culture.

**AGE**

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The lymph node changes are suggestive for reactive hyperplasia; however, early metastatic disease to the right axillary lymph node cannot be ruled out entirely. Consider fine needle aspiration for further definition.

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At this time, there is no evidence of metastases to the lung.

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**SPECIES**

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**BREED**

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**SEX**

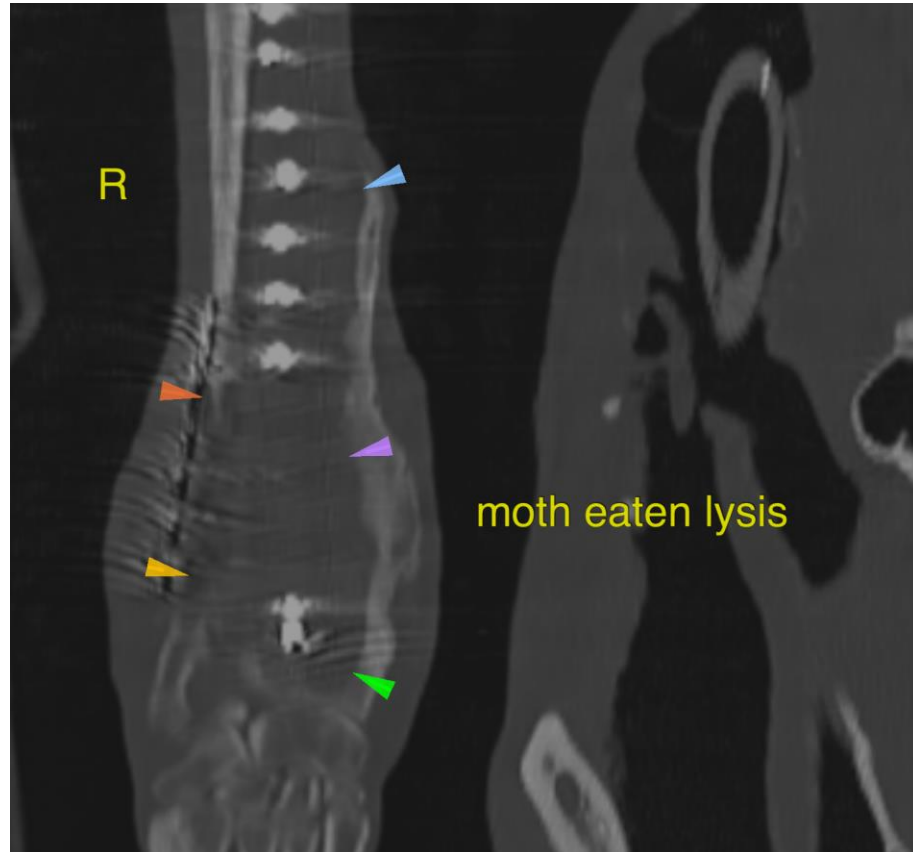
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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