



**PATIENT**

Brandi Vargas

**PRESENTING CLINICAL SIGNS**

Several month history of RH lameness. In last few weeks owner noted firm swelling medial aspect of R tarsus.  
Abnormal PE/Chem/CBC/UA Results: lab tests pending

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE STIFLES & TARSI**

Ventrodorsal hip extended view of the pelvis, mediolateral views of both stifles, mediolateral and craniocaudal view of right tarsus, and craniocaudal view of the left tarsus totaling 6 images available for review.

**BREED**

German Shepherd

Stifle and tarsi read requested.

**RADIOGRAPHIC FINDINGS**

**SEX**

FS

**Stifles**

Both stifle joints present within normal limits.

**AGE**

9 Years, 4 Months

There is no evidence of articular swelling or periarticular soft tissue changes.

No osteoarthritic findings are noted and the subchondral bone surfaces present smooth and intact.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Tarsi**

Regional soft tissue swelling is seen medial to the right tarsal joint level with the talocentral joint. A granulated mineral opaque structure of approximately 6mm length and 4mm width can be seen superimposed onto the soft tissue swelling.

**HOSPITAL NAME**

Washington Animal  
Hospital

The talocrural, talocentral, and remainder of the intertarsal joints present within normal limits. There is no evidence of articular injury.

The left tarsus presents within normal limits.

**REFERRING VET**

Jeffrey P Grodkiewicz

**RADIOGRAPHIC DIAGNOSIS**

- Regional soft tissue swelling with mineralization medial to the left talocentral joint.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

52356

The radiographic study reveals regional soft tissue swelling with mineralization medial to talocentral joint. Differential diagnosis includes desmopathy of the medial collateral ligament with osseous metaplasia, calcinosis circumscripta, and less likely neoplasia with dystrophic mineralization. There appears to be no articular involvement; however, periosteal involvement such as in calcinosis circumscripta cannot be ruled out. Consider fine needle aspiration or biopsy for further definition if not performed already.

**DATE**

6-7-22



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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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