



PATIENT

Archie Haynie

PRESENTING CLINICAL SIGNS

Archie was presented for evaluation of a RPL lameness. P was previously seen in March for a RPL lameness. O reports that Archie has been lame along the RPL since March. He was non-weight bearing lame in March and became non-weight bearing lame again ~10 days ago. O reports Abnormal PE/Chem/CBC/UA Results: PE: Stiff, stilted gait. Ambulatory x 4. Bilaterally thickened stifles. No cranial drawer elicited, but P well muscled. Crepitus noted along both stifles. LPL lameness worse than RPL lameness on gait exam (O reports P has been consistently lame along the RPL for the last 10 days).

SPECIES

Canine

BREED

Lab Mix

RADIOGRAPHIC STUDY OF THE STIFLES & THORAX

Lateral and orthogonal views of the caudal abdomen and pelvis, ventrodorsal view of the pelvis including craniocaudal view of the stifles, mediolateral views of both stifles, and right/left lateral and ventrodorsal views of the thorax totaling 12 images available for review.

SEX

Male Neutered

Stifle and thoracic read only requested by the client.

RADIOGRAPHIC FINDINGS

AGE

6 Years, 4 Months

Stifles

The radiographic presentation of both stifle joints is within age related normal limits. No evidence of cranial thrust of the tibia, abnormal articular swelling, and periarticular osteophytes are seen. Mild remodeling of the infrapatellar fat pad appears to be present.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

An aggressive osteolytic lesion with permeative osteolysis and amorphous periosteal new bone formation is seen in the mid diaphysis of the right femur. There is endosteal scalloping and cortical bone thinning as well as a long and indistinct transition zone to the unaffected bone proximal and distal of the lesion.

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Please note the presence of abnormal prostatic enlargement in a neutered male in the lateral view of the abdomen/pelvis which, however, is not part of this report.

Thorax

REFERRING VET

Claire Endo

The visible osseous structures present within age related normal limits.

Metal opaque diablo bullet is superimposed on the ventral thoracic soft tissues level with the mid of the sternum.

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The degree of pulmonary inflation is fair to moderate. A mild generalized bronchointerstitial pattern is seen with even distribution throughout the lung and considered within age related normal limits. No evidence of interstitial nodules or masses is seen.

DATE

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The mediastinal lymph nodes are not seen. The width of the mediastinum is considered within normal limits.

Course and width of the trachea present within normal limits.

There is no radiographic evidence of cardiovascular pathology.



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RADIOGRAPHIC DIAGNOSIS

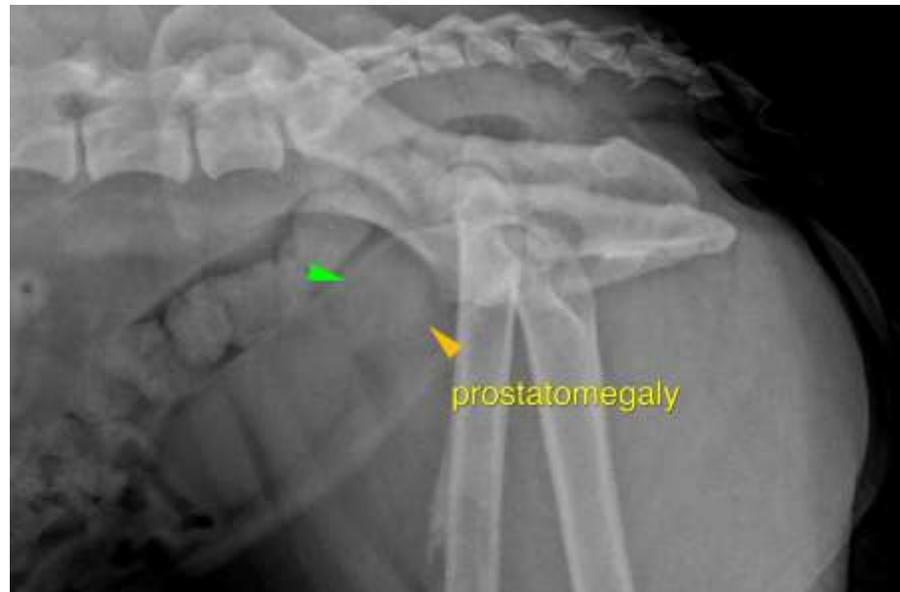
- Monostotic aggressive osteolytic lesion of the right femoral mid diaphysis.
- Radiographically age related stifles.
- No evidence of pulmonary metastatic disease.
- Normal age related lung and bronchial tree.
- Please note pathologic prostatomegaly.

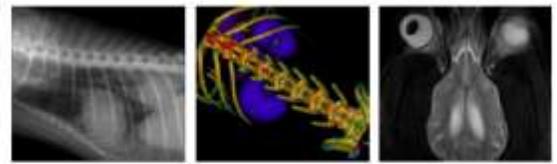
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the right femur reveals a monostotic aggressive osteolytic lesion within the mid diaphysis. Based on the radiographic appearance and anatomic position, metastatic disease is the main differential diagnosis here; however, atypical presentation of primary osseous neoplasia such as osteosarcoma, chondrosarcoma, and other, cannot be ruled out entirely even though considered by far less likely. The changes are not typical for osteomyelitis.

Final diagnosis would require sampling for histology; however, prior to that, further workup of the prostatic enlargement could be considered, especially in a long term neutered male, this should be considered abnormal and neoplastic enlargement with metastatic disease to the femur should be ruled out.

At this point, there is no evidence of pulmonary metastatic disease.





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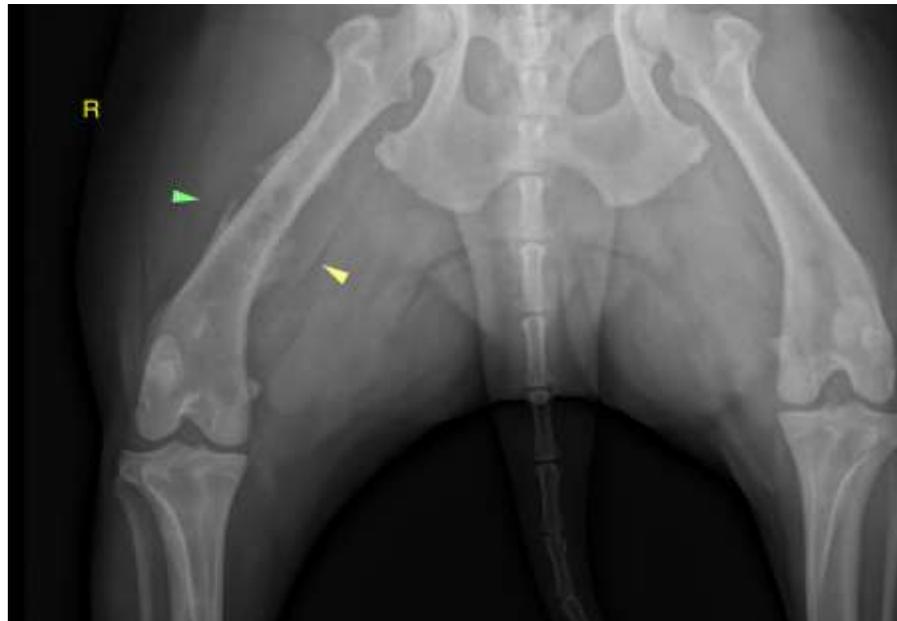
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com