



PATIENT

Molson Boss

PRESENTING CLINICAL SIGNS

Acute onset limping on right hind leg

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE RIGHT STIFLE, FEMUR, PELVIS, & THORAX

Mediolateral view of the right stifle, ventrodorsal hip extended views of the pelvis including craniocaudal views of the femur and right stifle, right/left lateral and ventrodorsal views of the thorax totaling 6 images available for review.

BREED

Golden Retriever

RADIOGRAPHIC FINDINGS

Right Hind Limb

Mild atrophy of the right hind limb musculature appears to be present.

SEX

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There is a monostotic aggressive osteolytic lesion with permeative lysis within the mid and distal diaphyseal third of the right femur. Sunburst circumferential periosteal new bone formation is seen. The transition zone to the unaffected bone in the proximal diaphyseal third and distal metaphysis of the right femur are long and indistinct.

AGE

11

The right stifle joint present mild articular swelling. Mild periarticular bone remodeling is noted and considered within age related normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Pelvis

Both coxofemoral joints present within normal limits.

No aggressive lytic lesions are seen in the pelvic bones.

HOSPITAL NAME

Rockaway Animal
Hospital

There appear to be degenerative changes of the lumbosacral junction.

Thorax

There is moderate spondylosis at T5/6 and mild spondyloses at T9/10 as well as L1/2 are seen.

REFERRING VET

Dr. Maniar

There is a soft tissue opaque nodule in the region of the left armpit of approximately 2.5cm diameter which is superimposed onto the sternum in the left lateral view.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

INVOICE

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The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

DATE

8-10-21

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels. No evidence of interstitial pulmonary nodules or masses is seen.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

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RADIOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteolytic lesion of the right femoral diaphysis.
- Mild disuse atrophy of the right hind limb musculature.
- Mild articular swelling of the right stifle joint.
- No evidence of pulmonary metastatic disease.
- Spondyloses.
- Degenerative lumbosacral stenosis.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals an apparently monostotic aggressive osteolytic lesion of the right femoral diaphysis. The position is atypical for primary neoplasia of bone which is why secondary neoplasia of bone such as metastases of another primary tumor appears to be one major potential. Screening for primary neoplasia including abdominal ultrasound to be considered if not performed already.

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The thoracic screening was negative. The radiographic presentation of the lung and bronchial tree is within age related normal limits. There is no evidence of pulmonary metastases, and no evidence of cardiovascular pathology is noted.

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Tumor types which tend to produce bone metastases in the hind limb include prostatic carcinoma and transitional cell carcinoma. However, a typical presentation of primary neoplasia of bone and lymphosarcoma cannot be ruled out entirely. The differential diagnosis of fungal osteomyelitis is highly uncommon and highly unlikely. However final diagnosis would require bone biopsy and histology.

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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.

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