



PATIENT

Rocket Maietta

PRESENTING CLINICAL SIGNS

Patient with history of weight loss and muscle wasting and previously aggravated left limb/stifle which was improving nicely, re-aggravated the left limb again from no obvious cause. Left stifle is large, firm, but hangs limp, no toe touching, deep pain response but otherwise leg is non-ambulatory and cannot bend knee.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Stifle

Mass-like irregular and severe thickening of the left stifle joint's synovium is seen accentuated in the suprapatellar compartment of the joint. The thickened synovium is multilobulated and heterogeneous in appearance with ill-defined margins and peripheral fat stranding. Random soft tissue mineralizations as well as a large amount of parosteal new bone are seen. The thickened synovium is well vascularized. The changes appear to be circumferential to the distal suprapatellar portion of the left femur as far as seen and the maximum thickness of the synovium is 2.0 cm. No significant effusion can be identified but moderate effusion is identified in the infrapatellar recess.

BREED

Golden Retriever

SEX

MN

AGE

10 Years

Right Stifle

Mild effusion within the supra- and infra- patellar recesses is seen. There is mild irregular thickening of the synovium. Early periarticular osteophytes are present. The cranial cruciate ligament and medial meniscus appear to be intact.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

ULTRASONOGRAPHIC DIAGNOSIS

- Articular mass of the left stifle with multilobulated thickening of the suprapatellar's synovium and parosteal new bone formation/mineralization.
- Mild degenerative joint disease of the right stifle joint.

HOSPITAL NAME

Ramapo Valley
Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings are highly suggestive for an articular neoplasia with parosteal mineralization/new bone formation in the distal left femur associated with the synovium of the suprapatellar compartment of the left stifle joint. Synovial cell sarcoma, histiocytic sarcoma, parosteal osteosarcoma, or other neoplasia is considered likely. The changes are not compatible with degenerative, traumatic, or inflammatory joint disease. Severe villonodular synovitis with heterotopic bone formation/dystrophic mineralization cannot be ruled out entirely as a differential diagnosis but is considered by far less likely and this should be regarded neoplastic pathology until proven otherwise.

REFERRING VET

Dr. Gary Duhr

INVOICE

53547

If not performed already, ultrasound guided sampling, ideally for histology of the soft tissue and mineralized components of the mass, should be considered.

DATE

8-17-22



PATIENT

Rocket Maitetta

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Ramapo Valley
Animal Hospital

REFERRING VET

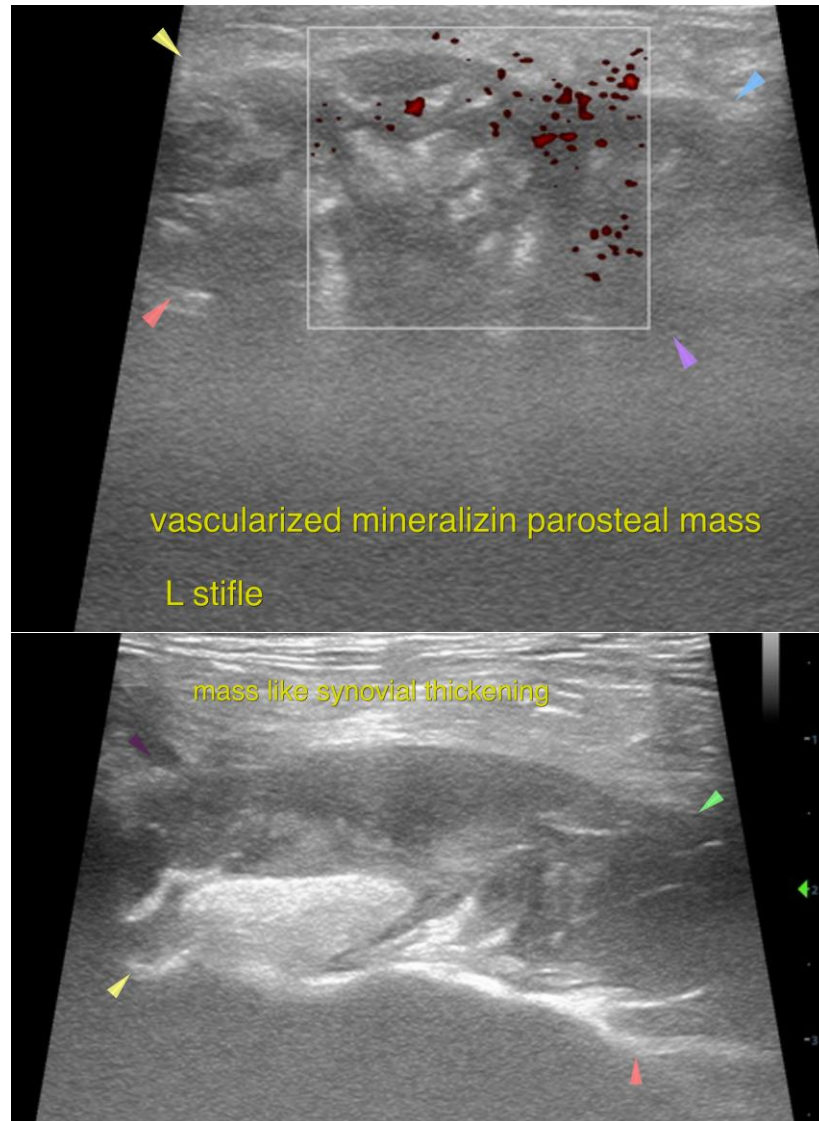
Dr. Gary Duhr

INVOICE

53547

DATE

8-17-22



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.

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