

**PATIENT**

Harry Johnstone

**PRESENTING CLINICAL SIGNS**

Lame in L front after trialling, race dog. Orthopaedic surgeon looked at ct and thought looked abnormal through cortex of bone

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF BOTH FOREARMS**

Plain and post contrast studies available for review.

**BREED**

Greyhound

**COMPUTED TOMOGRAPHIC FINDINGS**

Multifocal patchy medullary sclerosis is seen within the left and right radius and ulnar. The changes are limited to the diaphyseal portions of the bone and most pronounced in the proximal left radius. The left radius also presents mild smooth laminar periosteal new bone formation accentuating its cranial cortex.

**SEX**

Male

Mild heterogeneity and lucency of the distal radial metaphysis proximal to the physal scars is seen bilaterally and more pronounced on the left compared to the right side.

**AGE**

1 Year, 2 Months

- Polyostotic diaphyseal osteopathy with medullary sclerosis and mild periosteal new bone formation.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT findings are consistent with panosteitis eosinophilica which is a juvenile skeletal disorder presumed to represent a sterile form of osteomyelitis with medullary sclerosis. The patient may typically present intermittent and shifting lameness and pain as well as peripheral blood eosinophilia. The disease is self-limiting and typically ceases with completion of the skeletal maturity. Endochondral ossification does not seem to be completed entirely in this patient as per the osseous remodeling in the metaphyseal zones of the growth plates. Consider resting the patient and systemic NSAID treatment as well as restriction of the daily caloric intake typically help alleviate the clinical signs.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

**REFERRING VET**

John Katakasi

**INVOICE**

47049

**DATE**

8-19-21



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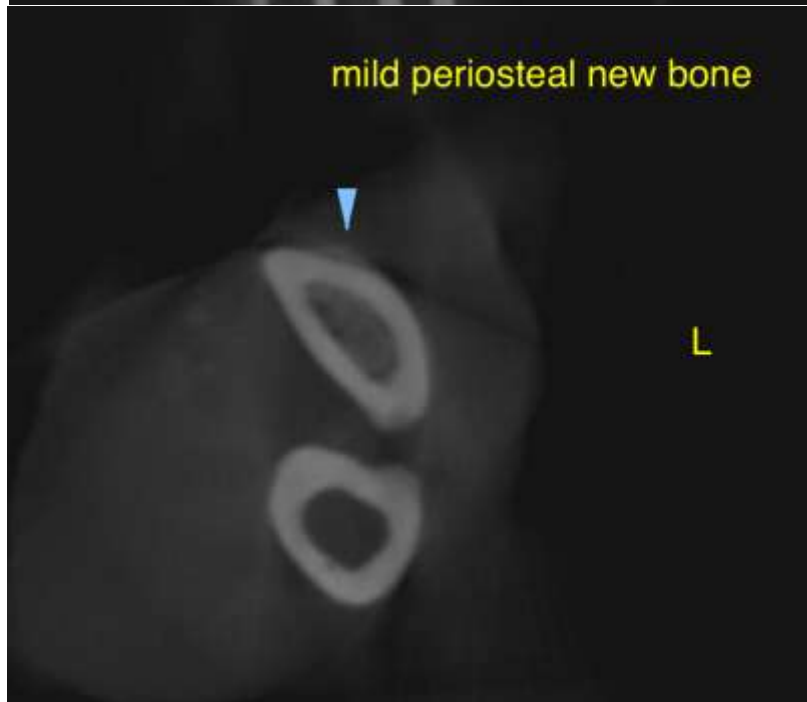
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Greyhound

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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