



PATIENT PRESENTING CLINICAL SIGNS

Bentley Focht
SPECIES Canine
BREED Weimaraner

Bentley presented Aug. 9/23 for a persistent wt. bearing lameness on his LF leg that had been progressively getting worse for ~6 weeks. Went to doggy daycare once in past month and he was barely able to move the following few days. O's were resting him - not going to dog parks or on many walks. History of going through/breaking a window 2-3 months prior. He has also had a decreased appetite for the past 6 months - used to eat all food in bowl right away, now grazes. Bentley presented today (Aug. 22/23) to have some sedated radiographs taken of his LF paw. Abnormal PE/Chem/CBC/UA Results: Aug. 9/23 - PE - No obvious lameness on distant exam. He reacted (pulling away, wiggling, etc) to palpation of his LF paw, specifically D 3 & 4. *O sent video of Bentley's lameness later that week and he had a very pronounced lameness on his LF. Bloodwork - unremarkable except for low TT4. Thyroid mini panel revealed low free T4 but TSH WNL. On treatment trial with Levothyroxine 0.4 mg BID - has been on for ~1 week.

RADIOGRAPHIC STUDY OF THE FRONT PAWS

SEX Neutered Male
 Mediolateral and dorsopalmar views of both front paws totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

AGE 9 Years
 Moderate soft tissue swelling is seen circumferential to the proximal phalanx of the 4th digit in the left front paw. Circumferential palisading new bone formation is noted throughout the diaphysis of the proximal phalanx.

Mild soft tissue swelling of the digital pad is seen in the 4th digit as well.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The right front paw presents within normal limits.

The bilateral carpal joints present within normal limits.

The 1st digits are rudimentary bilaterally.

HOSPITAL NAME

Woodridge
 Veterinary Clinic

RADIOGRAPHIC DIAGNOSIS

- Monostotic palisading diaphyseal osteoproliferative osteopathy in the proximal phalanx in the 4th digit of the left front paw with associated soft tissue swelling.

REFERRING VET

Breanne
 Couperthwaite

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The signs of aggressive bone disease are mild. Primary osseous neoplasia is considered unlikely. Inflammatory/infectious or post-traumatic osteitis / periostitis are considered a primary differential diagnosis. Atypical presentation of hypertrophic pulmonary osteopathy, and atypical presentation of osseous or soft tissue neoplasia with secondary bone proliferation cannot be ruled out entirely but are thought by far less likely. Thorough evaluation for prior injury or puncture wounds recommended. Empirical management of regional cellulitis and osteitis with narrow clinical and radiographic monitoring could be considered and discussed versus sampling (FNA of the soft tissue swelling).

INVOICE

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DATE

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Radiographic study of the thorax and abdomen could be considered in order to rule out mass effects and potential underlying hypertrophic pulmonary osteopathy.



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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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