



PATIENT PRESENTING CLINICAL SIGNS

Cooper Lorek
 non weight bearing on right front for two weeks , pain response when put pressure on middle two toes during the physical exam
 Abnormal PE/Chem/CBC/UA Results: unremarkable

SPECIES RADIOGRAPHIC STUDY OF THE CARPI

Canine
 Mediolateral and dorsopalmar views of both carpi totaling 5 images available for review.

BREED RADIOGRAPHIC FINDINGS

Mixed Breed
 Smooth and palisading periosteal new bone formation is seen along the diaphysis of the proximal phalanx of the 4th digit in the right front paw. Mild circumferential soft tissue swelling is noted.

SEX
 Similar findings are noted in the left front paw associated with the proximal phalanx of the 3rd digit.

Male Neuter
 The remainder of the metacarpal and carpal bones present within normal limits in both front limbs.

AGE RADIOGRAPHIC DIAGNOSIS

- 8 Years
- Bilaterally symmetric osteopathy of the proximal phalanx with periosteal new bone formation in 4th digit of the right and 3rd digit of the left front paw.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals polyostotic proliferative osteopathy involving the diaphyseal portions of the proximal phalanx of the 4th digit in the right and 3rd digit in the left front paw. Hypertrophic pulmonary osteopathy / Marie’s disease is a primary differential diagnosis and screening for thoracic and abdominal pathology, which is presumed to be the underlying cause of hypertrophic pulmonary osteopathy/ Marie’s disease, should be considered. Periostitis due to local trauma or hematogenous spread as well as metastatic disease of another primary tumor are potential but less likely differential diagnoses, especially in light of the bilaterally symmetric occurrence.

HOSPITAL NAME

St. Catherine's Animal Hospital

REFERRING VET

Dr. Jui Gokhale

INVOICE

53911

DATE

9-1-22



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Cooper Lorek

SPECIES

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Mixed Breed

SEX

Male Neuter

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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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