



**PATIENT**

Ellie Demetropoulos

**PRESENTING CLINICAL SIGNS**

PAST 2 DAYS P DOES NOT WANT TO STAND UP OR WALK. O STATES P DID FINALLY DEFECATED THIS MORNING AND ATE A FULL MEAL. O CONCERNED THAT THE MEDICATIONS MIGHT BE SEDATING HER TOO MUCH.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: No murmur auscultated, pulses strong and synchronous, normal bronchovesicular sounds. EENT: OU: lenticular sclerosis. AU: not examined today. No nasal discharge. Oral cavity: Unable to examine - muzzled Musculoskeletal: BCS = 6/9. Non-ambulatory in-hospital - R carpus: soft tissue swelling, severe pain on manipulation, no external wounds seen. Uro/Perineum: Unable to examine today, dry fecal material perianal. Abd/GI: Not examined today Lymph Nodes: Not examined Neurological: Alert and appropriate. No significant abnormalities Skin: ~2cm, firm, movable dermal mass at lateral aspect of RH (tarsus). 2 ~4cm, firm, movable mammary masses. Lemon sized firm, SQ mass at sternum. ~1cm, firm, movable SQ mass at R armpit. Thinning hair coat with lichenification and hyperpigmentation (ventrum), "yeasty odor". Good hair coat. Mentation: BAR Hydration: N

**BREED**

Border Collie X

**SEX**

SF

**RADIOGRAPHIC STUDY OF THE CARPI**

Dorsopalmar and lateral views of the carpi totaling 2 images available for review.

**AGE**

12 Years

**RADIOGRAPHIC FINDINGS**

The left carpus presents within age related normal limits.

A monostotic aggressive osteolytic lesion is seen in the distal right radius with amorphous periosteal new bone formation, multiple cortical defects, and a long transition zone to the unaffected bone within the distal diaphysis of the right radius. Moderate circumferential soft tissue swelling is seen in the distal forearm. The ulna and carpal bones are not involved.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Monostotic aggressive osteolytic lesion of the distal right radius.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a monostotic aggressive osteolytic lesion of the distal right radius. At this time, there is no evidence of pathologic fracture, however, significant weakening of the bone and the increased risk of pathologic fracture has to be considered. Differential diagnosis includes primary neoplasia of bone such as osteosarcoma, chondrosarcoma, or other. Fungal osteomyelitis and bone metastases are potential but by far less likely differential diagnoses. Final diagnosis may require sampling for histology. Full staging could be considered in case the owners are interested in pursuing palliative tumor treatment including limb amputation.

**REFERRING VET**

Rivera

**INVOICE**

53994

**DATE**

9-7-22



**PATIENT**

Ellie Demetropoulos

**SPECIES**

Canine

**BREED**

Border Collie X

**SEX**

SF

**AGE**

12 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

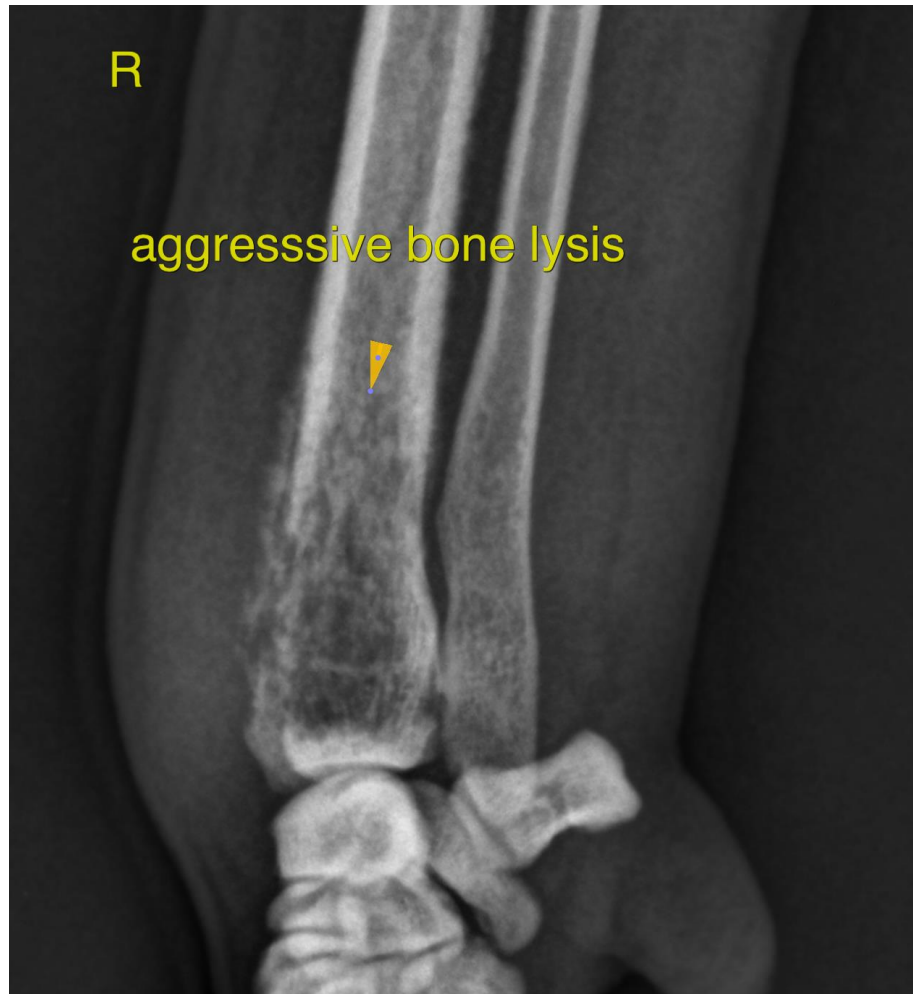
Rivera

**INVOICE**

53994

**DATE**

9-7-22



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