

**PATIENT**

Bently Williams

**PRESENTING CLINICAL SIGNS**

Came home from work on Monday and pt was on the couch and didn't want to get up. That night, went outside with owner and was favoring right hind leg somewhat. Tuesday AM, more significant, and now mostly NWB unless he has to use it to balance.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: none taken

**BREED**

Newfoundland Mix

**RADIOGRAPHIC FINDINGS****Stifles**

The left stifle is inconspicuous.

The right stifle presents a significant increase of the intraarticular opacity with cranial displacement the infrapatellar fat pad. There is subtle amount of new bone formation noted at all joint levels.

**SEX**

Male Neutered

The proximal tibia reveals a permeative osteolytic pattern predominantly of the medullary bone with mildly irregular periosteal reactions best seen at the caudal margin of the tibia. Changes are poorly defined with a wide transition zone to normal medullary bone.

**AGE**

4.5 Years

**Tarsal Joints**

The tarsal joints look normal, achilles tendons are intact and clearly delimited.

**INTERPRETED BY**

Sebastian Jawinski,  
German Board  
Certified Vet  
Specialist in  
Diagnostic Imaging

**RADIOGRAPHIC DIAGNOSIS**

- Suspicion a highly aggressive bone lesion right proximal tibia
- Joint effusion/synovial thickening right stifle

**HOSPITAL NAME**

Countryside Animal  
Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The osteolytic pattern, the periosteal irregularities and the ill-defined transition to normal bone speak for an aggressive and malignant bone neoplasia of the right proximal tibia. Differentials include initial osteosarcoma and other malignant lesion. Joint involvement is uncommon for primary bone neoplasia. Osteomyelitis due to fungal bacterial/fungal infection is a potential differential diagnosis. Bone biopsy is needed for further evaluation. However, consider that bone biopsy often does not reflect reality and verified diagnosis is a matter of clinical presentation and follow up radiographs. Consider chest rads for further evaluation.

**REFERRING VET**

Dr. Kristina Cox

**INVOICE**

47345

**DATE**

9-2-21



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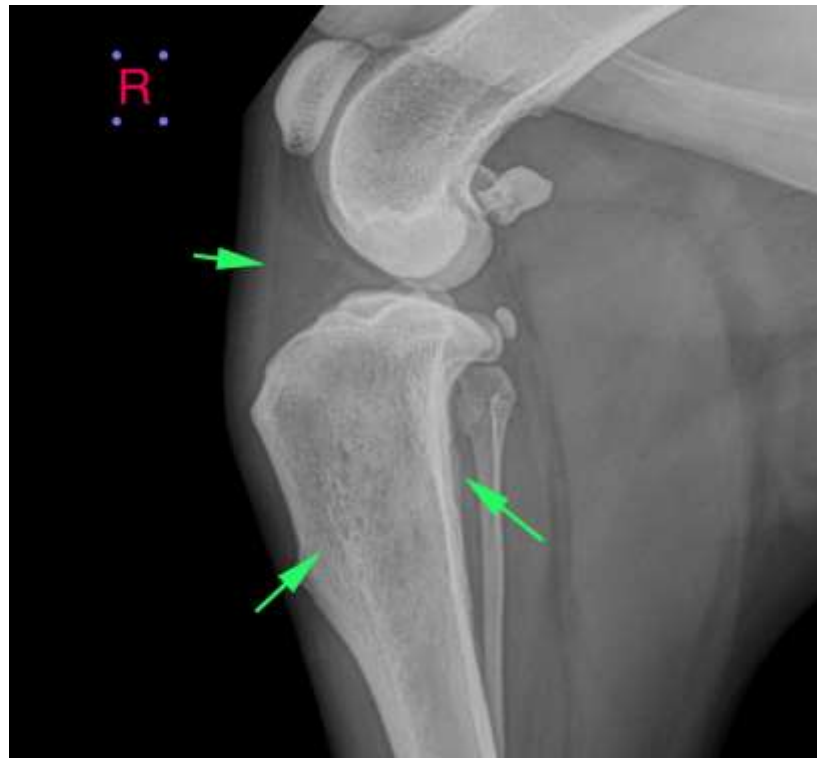
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging**  
Sebastian.Jawinski@sonopath.com