



PATIENT

Chief Smith

PRESENTING CLINICAL SIGNS

One month history of intermittent lameness on LH and RH legs. Yesterday when he was examined he was lame on his RH leg- toe touching and seemed painful at distal femur when performing cranial drawer maneuver to evaluate for cruciate disease.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

Mediolateral views of the stifle joints of both hind limbs are provided for review.

BREED

Labrador Retriever

RADIOGRAPHIC FINDINGS

The periarticular bones of both stifle joints present smooth osseous margins. The left stifle joint presents evidence of mild intracapsular soft issue swelling. The right stifle joint presents without evidence of intracapsular swelling.

SEX

MN

The pictured pars of the mid diaphysis of the right femur presents immature, sunburst like periosteal new bone formation at the caudal aspect and lamellated new bone formation along the cranial cortex.

Both coxofemoral joints present evidence of advanced degenerative joint disease.

AGE

10

RADIOGRAPHIC DIAGNOSIS

- Monostotic aggressive osteoproliferative lesion diaphysis right femur
- Very mild articular swelling left stifle joint
- Advanced degenerative osteoarthritis coxofemoral joints bilaterally, due to hip dysplasia

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Due to unusual location of the aggressive bone lesion of the right femur within the mid diaphysis, the odds for aggressive soft tissue mass or metastatic disease to the right femur are considered higher than for primary osseous neoplasia (e.g. osteosarcoma, periosteal osteosarcoma). Recommend rectal exam to check for pathology of the prostate, imaging of the thorax and abdomen to screen for primary neoplastic disease as well as FNA sampling of the osseous lesion for further definition.

HOSPITAL NAME

Healing Paws

REFERRING VET

Jennifer Levitsky

The joint effusion of the left stifle joint might be a sequela to overuse ± pathology of the cranial cruciate ligament, secondary to favoring the right hind.

INVOICE

54454

DATE

10-5-22



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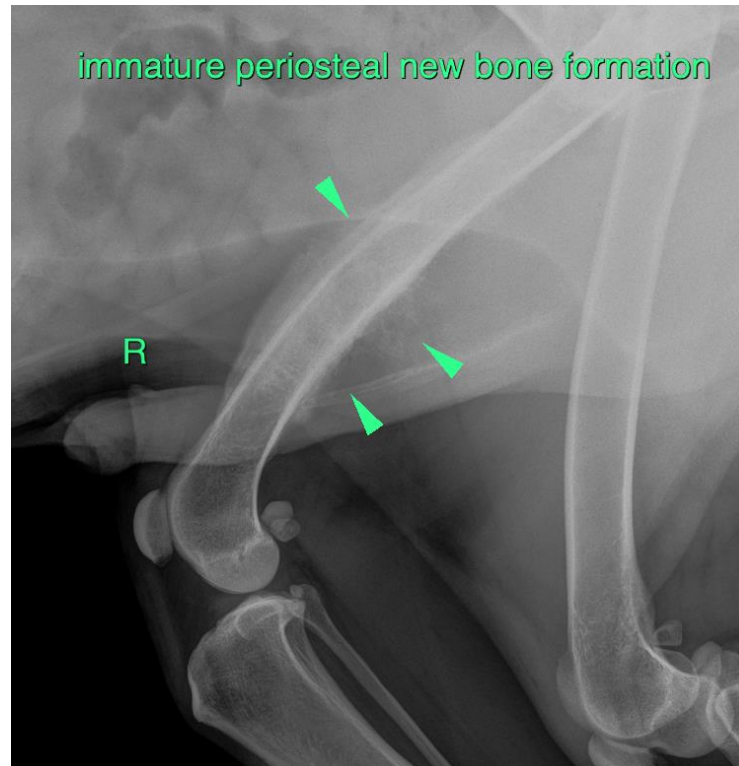
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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