SonoPath
IMAGING CENTER
VETERINARY CT & ULTRASOUND SERVICES

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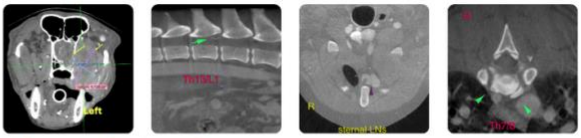

Diagnostic Imaging
Veterinary CT, Ultrasound & Telecytology Services
veterinarian referral only

PATIENT

Max Johnson

SPECIES

Canine

BREED

Giant Schnauzer

SEX

Neutered Male

AGE

11 Years

WEIGHT

72 Pounds

INTERPRETED BY

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

SonoPath Imaging Center

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Dr. Emily Parker

INVOICE

35762

DATE

2/6/26

PRESENTING CLINICAL SIGNS

- Osteolysis of LHL, lameness
- non weight bearing on right hind leg. Limping started on
- that leg about a month again but has gotten progressively worse.
- RHL lameness r/o neoplasia due to lysis in femoral condyles vs soft tissue injury vs other. Previous maxillectomy for odontogenic epithelial neoplasm in 2022 and RT. Previous digit amputation for subungal SCC in 3/2025. Hypothyroidism - being treated with 0.45 mg PO BID thyrotabs.
- Current Medications: Gabapentin 300 mg PO BID, Carprofen 75 mg PO BID, Soloxine 0.45 mg PO BID

COMPUTED TOMOGRAPHIC STUDY OF THE STIFLE JOINTS AND TARSAL JOINTS

A high resolution pre- and post-contrast CT study of the stifle and tarsal joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right medial femoral condyle presents an ill-defined zone with advanced permeative osteolysis and cortical destruction – perforating the joint space of the right stifle joint – along with immature mild periosteal new bone formation. The osseous structures of the right medial femoral condyle are replaced by uniform soft tissue attenuating and contrast enhancing material – causing a medial buttress of the stifle joint. The right stifle joint presents a generalized moderate intracapsular soft tissue swelling. The volume of the muscles surrounding the right stifle joint is moderately decreased.

The left stifle joint presents smooth margins of the periarticular bones and no evidence of an intracapsular soft tissue swelling. No abnormalities of the soft tissue structures surrounding the left stifle joint are appreciated.

The distal diaphysis, metaphysis and epiphysis of the left tibia presents an ill-defined zone with moth eaten osteolysis and amorphous sclerosis of the medullary cavity along with cortical destruction and solid rough periostal new bone formation. The left tibiotarsal joint presents a significant intracapsular soft tissue swelling and thickened joint capsule.

Along the left sustentaculum tali, advanced exostosis formation is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Polyostotic aggressive predominant osteolytic lesions right medial femoral condyle & distal left tibia
- Effusion and thickened joint capsule left tibiotarsal joint
- Exostosis formation left sustentaculum tali
- Disuse atrophy musculature right hind limb
- Normal left stifle joint
- Normal right tarsus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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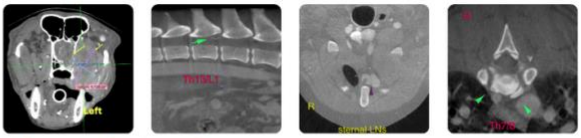

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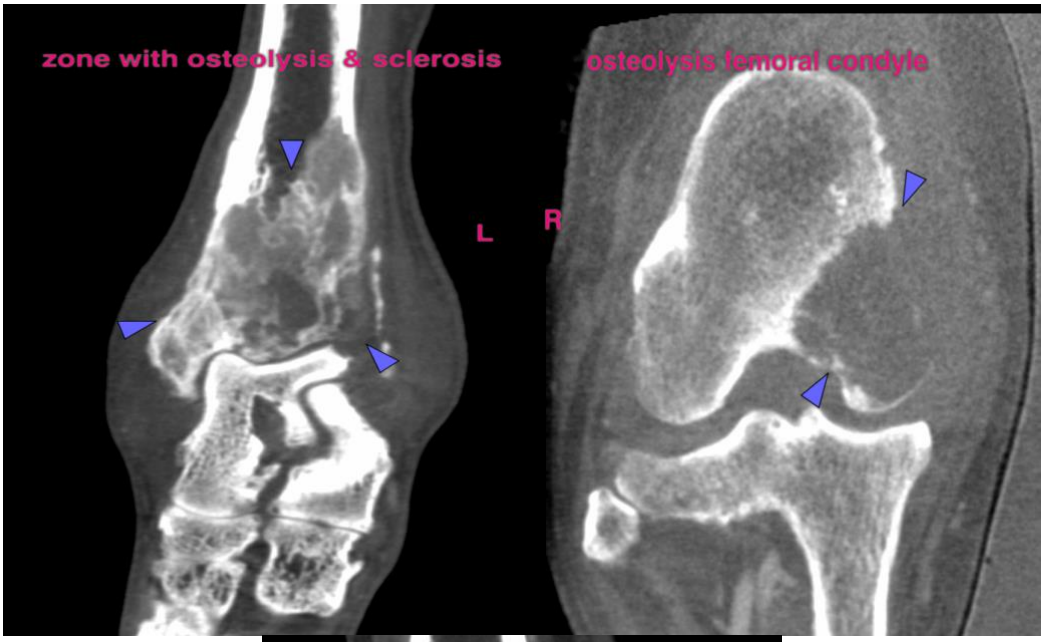
Given the history, the odds for osseous metastasis are very high. Differentials would include round cell tumor (e.g. histiocytic sarcoma), polyostotic osteosarcoma or osteomyelitis (e.g. mycotic). FNA sampling/bone biopsy can be used for specification. Recommend thoracic and abdominal imaging for full tumor staging and screening for possible different primary neoplasm.



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.

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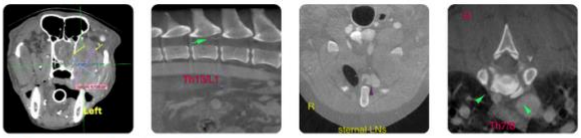

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com