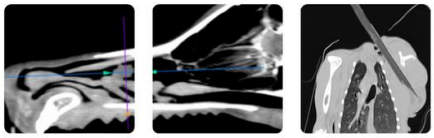

PATIENT

Brock Rupprecht

SPECIES

Canine

BREED

Pyrenees Mix

SEX

Male Neutered

AGE

6Y

WEIGHT

140lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Burge

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Hollow Corners Veterinary Services

INVOICE

75062

DATE

5-13-26

PRESENTING CLINICAL SIGNS

The right rear paw/ankle became swollen in December 2025 and it was lanced and drained and treated with antibiotics (lanced at the hock per owner) and seemed to resolve. Radiographs taken twice at HCVS about 1 month apart show a moth eaten section of the 3rd metatarsal, and they were concerned for osteosarcoma. Chest radiographs were negative and pet was started on pain medications, but to this point he has not been favoring the leg much at all. Currently on meloxicam 7.5 mg 1/2 PO SID. Concern for chronic cellulitis, migrating SQ FB, or AV fistula

COMPUTED TOMOGRAPHY OF THE RIGHT TARSUS

A high resolution pre- and post-contrast CT study of the right tarsus is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The osseous structures of the right tarsal joint reveal no abnormalities – the osseous margins are smooth.

The distal half of the 4th metatarsal bone presents irregular thickening of the cortex with smooth outer margins.

The subcutaneous tissue along the plantar aspect of the tarsus presents moderate edematous swelling and soft tissue striation of the subcutaneous fat. The subcutaneous fat is hypervascularized, presenting multiple small tortuous vessels and the saphenous vein and its branches are prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Circumferential edematous swelling region of right tarsal joint
- Hyperperfusion right saphenous vein
- Multiple small tortuous vessels region of the right tarsal and metatarsal region
- Monostotic benign mild osteoproliferative lesion distal half 4th right metatarsal bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vascular findings can support the diagnosis of small arterio-venous fistula formation, however as no distinct dilated vessel or overt enlargement of the arterial vessels is appreciated, hypervascularization secondary to local soft tissue inflammation is a potential as well. Complementing workup by an ultrasound examination of the venous vessels to screen for possible pulsative inflow appears beneficial for specification. Other potentials for the edematous swelling include vasculitis, paraneoplastic (e.g. mast cell tumor, lymphosarcoma), lymph edema (possible secondary to trauma, idiopathic), other.

The changes of the fourth metatarsal bone appear to be benign and healed metatarsal fracture is considered most likely here.

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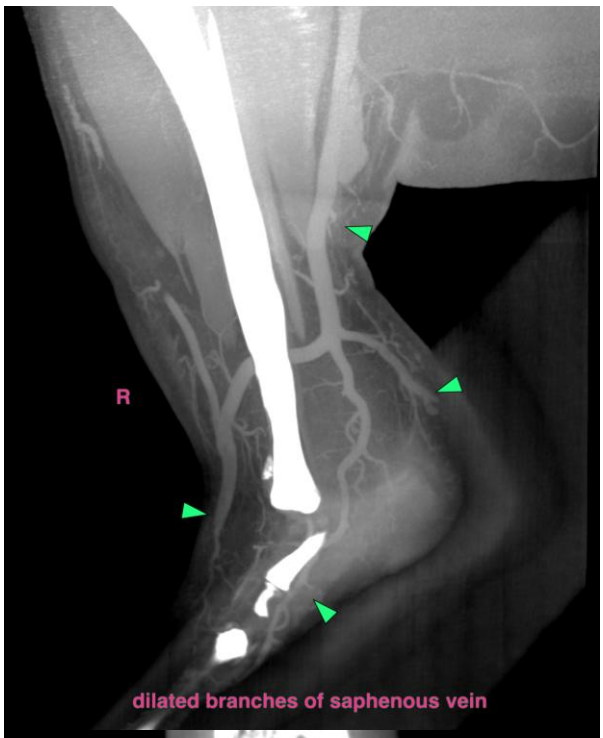

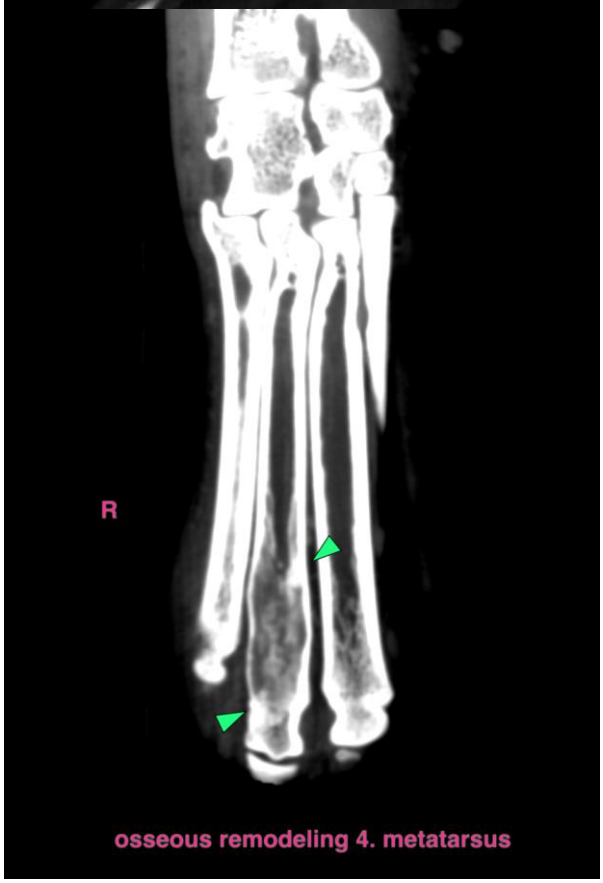

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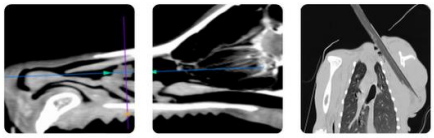

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com