



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Daisy Ostoj  
Subjective Presented as a drop off exam. Lethargic, appetite decreased, the affected leg is more swollen and stiff. Currently on pain management and CHF management meds. Objective QAR. pale mm. G3 dental disease. Heart- G4 murmur. Lungs- no overt wheezes or crackles. Severe bone remodeling of the R stifle/femur and tibia. No ROM remains. BCS 3/9- cachexia. Abd soft, not painful Assessment RO end stage bone neoplasia RO end stage heart disease Plan Disc with Ms Ostoj that we have previously diagnosed potentially life threatening heart disease and bone cancer. If comfort measures and palliative care are not maintaining her comfort disc her QOL and end-of-life decisions. Mr Ostoj has been reluctant to euthanize per Ms. Ostoj. Disc can repeat imaging as staging to better assess severity and determine what further comfort measures could be employed but may be nearing the end of the disease processes given the weight loss, lethargy, anorexia. JME

**SPECIES**  
Canine

**BREED**  
Basset Hound

**RADIOGRAPHIC STUDY OF THE THORAX & RIGHT HIND LIMB**

**SEX**  
FS  
Radiographs of the thorax in three imaging planes and the right hind limb in a mediolateral view are provided for review.

**RADIOGRAPHIC FINDINGS**

Thorax

Multifocal moderate spondylosis formation is seen along the thoracic spine. The pictured parts of the elbow joints present moderate osteophyte new bone formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

The caudal contour of the cardiac silhouette is steep, and the caudal cardiac waist is lost. In the VD view, the heart is occupying approximately 90% of the thoracic width. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity but a zone of increased radiopacity level with the 5<sup>th</sup> left rib; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Right hind limb

The distal half of the right femur, the entire tibia and the right patella present severe lamellar and spiculated well-defined periosteal new bone formation. Partially the new bone formation bridging the right stifle joint. The femoral condyles present with zones of osteolysis. The right crus presents a moderate circumferential soft tissue swelling, involving the stifle joint. The tarsal bones present a coarse trabecular pattern with mild irregular new bone formation at the planta

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**REFERRING VET**

Dr. Jessie Evoniuk

**INVOICE**

53570

**DATE**

8-22-22



**PATIENT** aspect of the talus and dorsal aspect of the calcaneus.

Daisy Ostoj

### RADIOGRAPHIC DIAGNOSIS

### SPECIES

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- Polyostotic predominant osteoproliferative lesion right femur, tibia, fibula and mildly the bones of the right tarsal joint with associated mild soft tissue swelling
- Zone of increased radiopacity left cranial lung lobe
- Generalized cardiomegaly
- Degenerative osteoarthritis elbow joints bilaterally
- Spondylosis deformans

### BREED

Basset Hound

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

### SEX

FS

The osseous remodeling of the osseous structures of the right hind limb are not definitive for underlying neoplastic disease - carcinoma or sarcoma should be high on the list or less likely round cell tumor such as histiocytic sarcoma. After internal discussion of the case, the findings can also present a state of advanced septic or mycotic erosive arthritis (e.g. Cryptococcosis, Actinomyces, Aspergillus) with extension to severe osteomyelitis. FNA sampling ± biopsy would be ideal for further workup.

### AGE

10 Years, 9 Months

The coarse trabecular pattern of the tarsal bones can represent disuse atrophy.

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The cardiomegaly in combination with the cardiac murmur is suggestive for underlying myxomatous mitral valve degeneration with mitral valve insufficiency, cardiomyopathy such as dilated cardiomyopathy is a potential as well - at this point there is no evidence of decompensation.

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The zone of increased radiopacity of the left cranial lung lobe is only appreciated in the VD view, but not in the lateral projections and I considered the odds for summation of normal anatomy - the distal segment of the left fifth rib high. However, zone of pneumonia, granuloma or metastasis are considerations as well. As there is mild tilting of the VD projection, repeating the VD projection should be considered if the lesion is reproducible.

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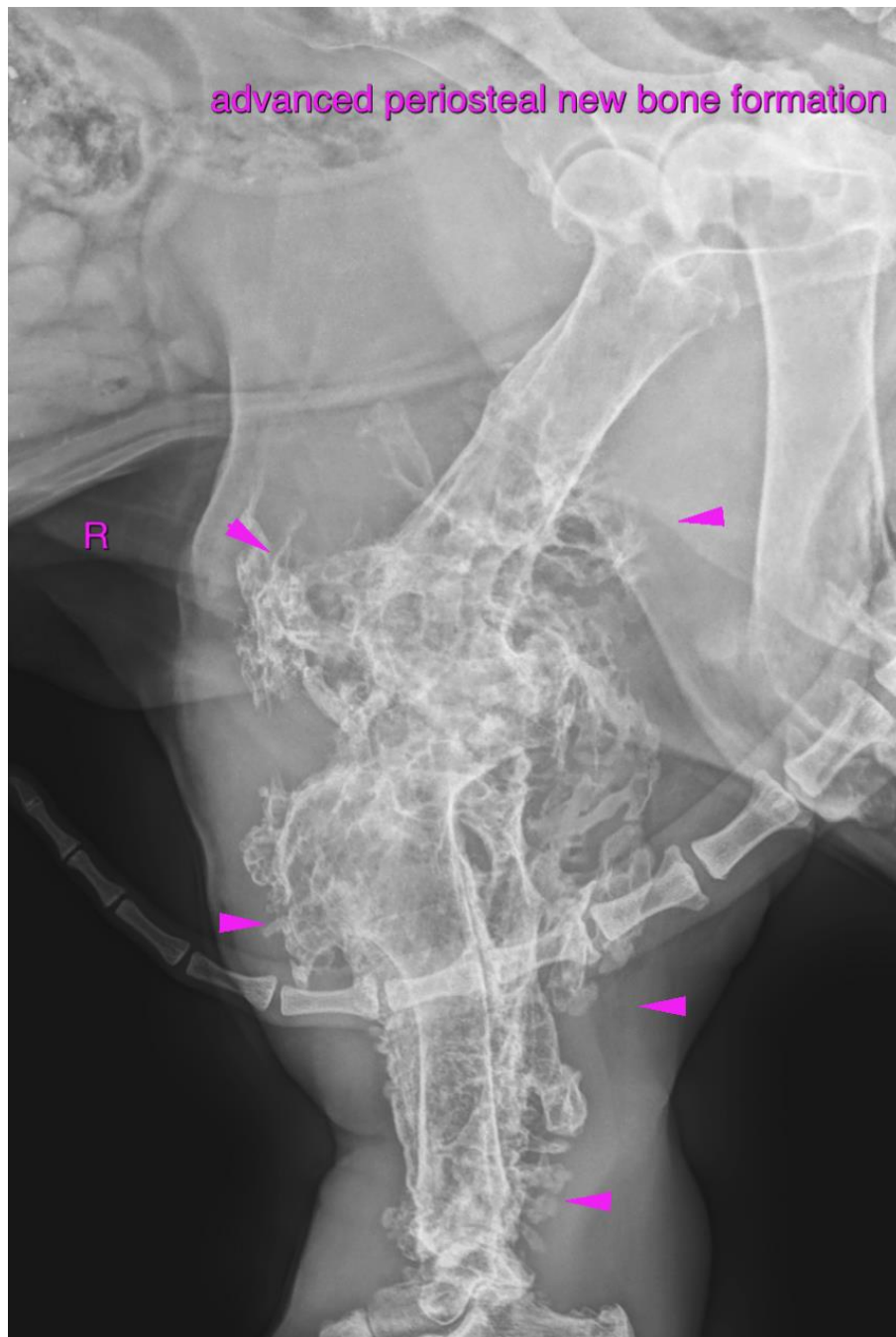
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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