



PATIENT

Luna Ball

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

6Y, 19D

WEIGHT

28.3kg

INTERPRETED BY

Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72610

DATE

11-13-25

PRESENTING CLINICAL SIGNS

First presented 29/01/2025 - o concerned noted hard lump RH just above tarsus; BAR, DUDE all normal; no other concerns OR out on run ~6months ago, yelped and limped for a while then fine - unsure if related? hard bony prominence above R lateral tarsal area no pain on palp; good ROM Radiographs 30/01/2025 Distal aspect of tibia - bone lysis and abnormal bone formation Lesion aprox 1cm long Surgical biopsy taken - Distal aspect of tibia - bone lysis and abnormal bone formation Lesion aprox 1cm long Surgical biopsy taken - Well differentiated bony tissue with bone marrow formation, multifocal fibrosis, remodeling and mild multifocal lymphocytic and plasmacytic cellulitis 23/09/25 recheck right hindlimb dorsal tarsus swelling present, mild oedema on palpation and painful with pressure. Now painful on palpation, hard proemience on lateral aspect of distal tibia. Abnormal PE/Chem/CBC/UA Results: Phosphorus 0.57 mmol/L (0.81-2.2) ALP < 10 U/L (23-212) Rest WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX AND HIND LIMBS (TARSUS)

A pre- and post-contrast CT study of the thorax and hindlimbs is provided for review, totaling three series: one pre-contrast series of the hindlimbs using a bone algorithm, one post-contrast series of the hindlimbs using a soft tissue algorithm, and one post-contrast series of the thorax using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

RIGHT HIND LIMB

A mixed osteoproliferative and discrete osteolytic lesion is centered in the metaphyseal regions of the distal tibia and distal fibula. The lesion exhibits scattered cortical interruptions and a palisading and exuberant amorphous periosteal reaction. There is marked, heterogeneously contrast-enhancing soft tissue swelling surrounding the lesion, causing regional mass effect.

The tarsocrural joint is unremarkable.

The right popliteal lymph node is mildly enlarged (1.4 cm in length), compared with the contralateral (0.89 cm).

The right coxofemoral joint is incongruent, and there is mild reduction in right gluteal muscle volume compared with the left side.

LEFT HIND LIMB

The left hindlimb structures, including the tibia and fibula exhibit normal architecture.

The tarsocrural joint, regional soft tissues, and popliteal lymph node are within normal limits.

The left coxofemoral joint is congruent.

THORAX

The trachea and main bronchi are within normal limits.



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Mild volume reduction and ground-glass attenuation are present in the gravity-dependent portions of the left lung lobes, compatible with passive pulmonary atelectasis. The remaining pulmonary parenchyma displays normal attenuation, with no pulmonary nodules, masses, or micronodules.

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The bronchial tree demonstrates normal branching, tapering, and wall thickness. The bronchus-to-artery ratio is within normal limits.

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The cardiac silhouette and pulmonary vessels appear normal, with adequate contrast opacification of chambers and major vessels.

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The sternal, cranial mediastinal, and tracheobronchial lymph nodes are small, elongated, and exhibit normal attenuation and enhancement.

The ribs, diaphragm, thoracic wall, pleural space, and thoracic esophagus are unremarkable.

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Abdominal finding in thoracic field of view:

A small (0.9 cm), rounded soft tissue-attenuating nodule is present in the peripheral left abdominal cavity, caudal to the spleen, surrounded by normal serosal fat.

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28.3kg

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mixed osteoproliferative and discrete osteolytic lesion affecting the distal tibia and fibula, marked contrast-enhancing soft tissue swelling, making a soft tissue mass effect. Differential diagnoses include primary bone neoplasia (e.g., osteosarcoma), soft tissue neoplasia with bone involvement, less fungal osteomyelitis
- Mild enlargement of the right popliteal lymph node, reactive or metastatic.
- Mild right gluteal muscle volume reduction, likely secondary to chronic disuse.
- Right coxofemoral joint incongruence, and mild disuse atrophy.
- Left hindlimb appears normal.
- Passive pulmonary atelectasis, otherwise, normal thoracic structures, no evidence of metastatic pulmonary or mediastinal disease.
- Small soft tissue nodule in the peripheral left abdomen (0.9 cm). Differentials include soft tissue metastatic foci, granuloma, or incidental benign nodule.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The tomographic findings of the right distal tibia/fibula indicate an aggressive, monostotic lesion, accompanied by pronounced soft tissue swelling. The primary differential diagnoses include bone neoplasia, with osteosarcoma as the leading consideration; however, other neoplastic types remain possible. Infectious etiologies, including fungal osteomyelitis, are considered less likely. Fine-needle aspiration or bone biopsy is required for definitive diagnosis.

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No evidence of pulmonary or mediastinal metastatic disease.

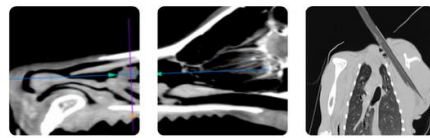
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The small soft tissue nodule in the peripheral left abdomen is nonspecific and may represent a benign or reactive structure; however, a metastatic implant cannot be excluded.

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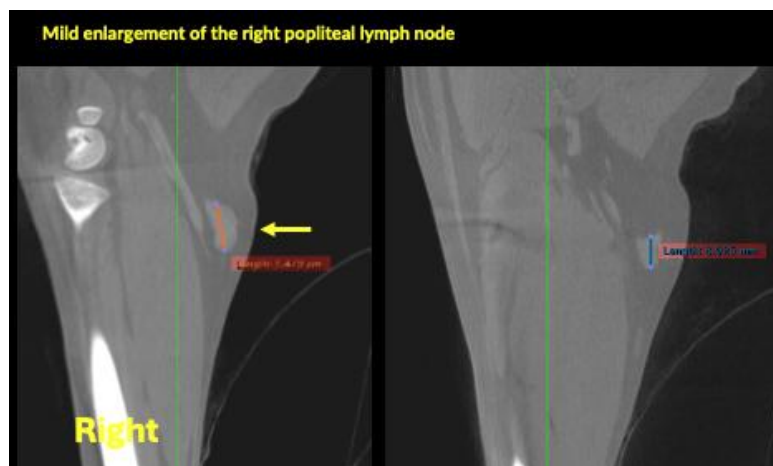
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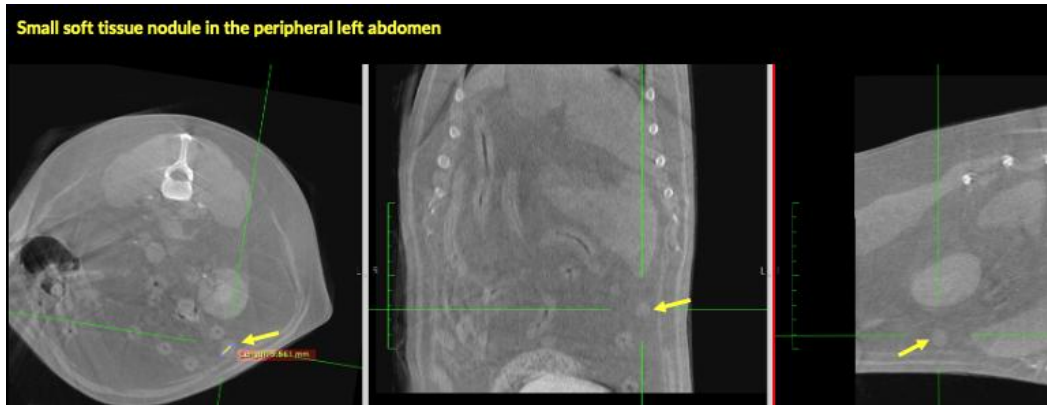
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com