



PATIENT PRESENTING CLINICAL SIGNS

Molly Murphy acute r hind limb lameness grade 3/4
 Abnormal PE/Chem/CBC/UA Results: Pain with extension of hip and stifle Palpable mass at mid medial tibia

SPECIES RADIOGRAPHIC STUDY OF THE PELVIS AND RIGHT PELVIC LIMB

CA Orthogonal views of the pelvis and right pelvic limb are provided for review totaling 6 images. One lateral view of the pelvis and stifle joints, one VD view of the pelvis and stifle joints, two lateral views of the tarsal joints, and two craniocaudal views of the right tarsal joints.

BREED RADIOGRAPHIC FINDINGS

Lab RIGHT PELVIC LIMB AND COXOFEMORAL JOINTS

SEX A large, rounded, subcutaneous fat opacity mass, with regular borders, is seen at the caudal border of the right tibia/fibula superimposed on the region of the gastrocnemius muscle. It measures 6.9cm x 4.7cm. The mass is also border-effacing the tendon of the superficial digital flexor. No osseous bone involvement is seen.

AGE There is moderate periarticular ossification and new bone formation adjacent to the lateral and medial aspects of the right tarsocrural and proximal line of intertarsal joints. In addition, a circumferential increase in volume is seen at this joint. Within the lateral border, at least two smooth ovoid-shaped osseous bodies are seen.

INTERPRETED BY The right stifle joint, and fat-pad opacity are normal.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet Bilateral adequate coverage of the femoral head by the dorsal acetabular margin, and it is approximately 50%.

Normal pelvis and coxofemoral joints.

HOSPITAL NAME On the collimated spine, multifocal thoracolumbar, lumbar, and lumbosacral intervertebral disc spaces are variably narrowed with complete and incomplete bridging spondylosis deformans. Multifocal thoracolumbar and lumbar periarticular ossification in the articular facet joints is noted.

REFERRING VET No aggressive or acute traumatic osseous abnormalities are seen.

A Waffle The collimated caudal abdomen is unremarkable.

Abundant fat stores are seen in the dorsal subcutaneous tissues.

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PATIENT RADIOGRAPHIC DIAGNOSIS

- PATIENT** Molly Murphy
- Large lipomatous subcutaneous mass in the right pelvic limb, adjacent to the tibia/fibula without osseous bone involvement. Differential diagnosis includes lipoma, or liposarcoma.
 - Right tarsocrural and tarsal osteoarthritis with moderate intra- and extra-articular joint swelling, e.g., edema, inflammatory or hemorrhage. At least three adjacent osteochondromas, less likely avulsion fragments.
- SPECIES** CA
- Multifocal thoracolumbar, lumbar, and lumbosacral chronic disc disease, spondylosis deformans, and articular facet osteoarthritis, with or without spinal or nerve root impingement.
 - Normal coxofemoral and pelvis.
- BREED** Lab
- Normal right stifle joint.
 - Excessive body condition score.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX FS
 A fine-needle aspiration is suggested for the large lipomatous mass adjacent to the right tibia/fibula. No osseous bone involvement is seen; however, the mass is adjacent and border effacing the flexor digital tendon, so it is not possible to exclude a tendon involvement and/or adhesences. The lameness could be correlated to the lipomatous mass and/or with the tarsocrural osteoarthritis.

AGE 11
 The differential diagnosis for tarsocrural/tarsal monoarthritis is primarily inflammatory and degenerative; however, other differential diagnosis, for example, immune-mediated or infectious, could be considered less likely. Therefore, the next approach could be tarsocrural arthrocentesis for cytology, culture, and sensitivity, along with fungal antigen testing.

INTERPRETED BY If any neurological signs are identified, consider neurolocalization and cross-sectional imaging for further analysis.

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

HOSPITAL NAME

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 Veterinary Clinic

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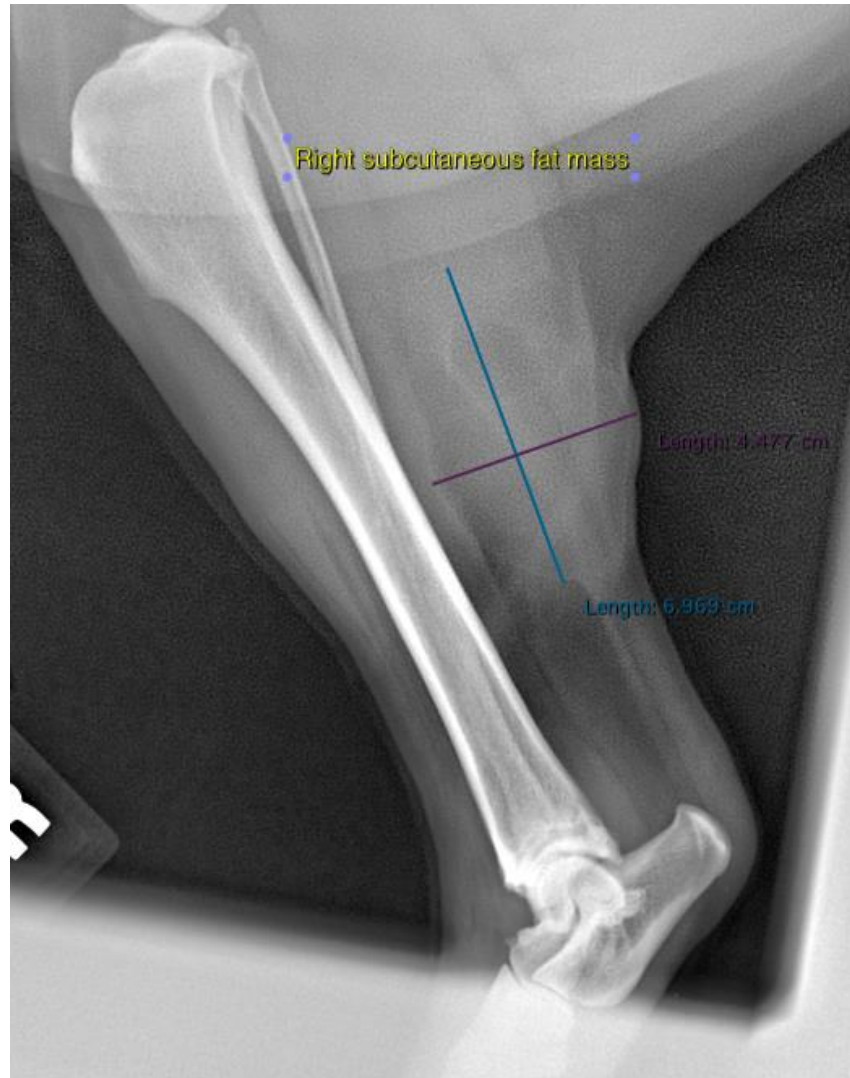
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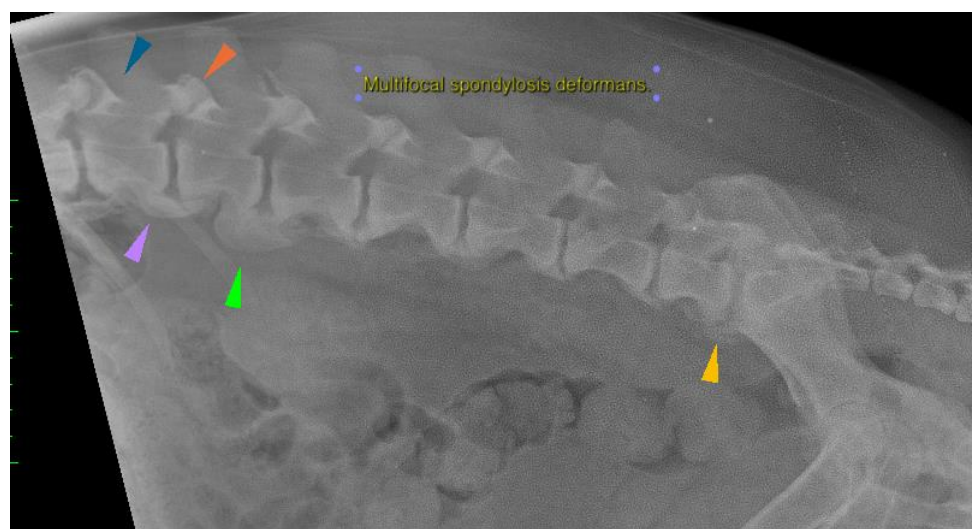
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PATIENT

Molly Murphy

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.

SPECIES

CA

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.

BREED

Lab

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

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