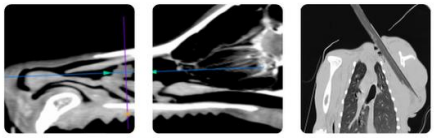


PATIENT

Bailey Cork

SPECIES

Canine

BREED

Labrador X

SEX

MN

AGE

9Y

WEIGHT

34.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Shana Halfon

HOSPITAL NAME

Oxford County Veterinary Clinic

REFERRING VET

Dr Shana Halfon

INVOICE

74632

DATE

4-16-26

PRESENTING CLINICAL SIGNS

9 yo, MN Lab X, non weight bearing lameness occured after a slip and fall on tile floor playing with other dogs on the weekend; presented Monday for the lameness; bruising was noted on the medial aspect of the leg
no prior lameness was noted
concern regarding osteosarcoma of the distal tibia vs other bone cancer
pathological non displaced fracture present
met check completed - I don't see any obvious mets but wanting to make sure prior to considering amputation
swelling has gone down since the weekend with NSAIDs and pain management as well as rest and icing. Pet is comfortable but three legged but will put limb down for support

RADIOGRAPHIC STUDY OF THE THORAX AND RIGHT DISTAL HINDLIMB (TARSUS)

Orthogonal radiographic views of the thorax and right distal hindlimb were provided for review totaling 6 images, including lateral, craniocaudal, and ventrodorsal projections.

RADIOGRAPHIC FINDINGS

RIGHT DISTAL HINDLIMB (TIBIA/TARSUS)

At the distal metaphysis/diaphysis of the right tibia, there is a poorly defined, permeative/mottled region of decreased bone opacity with an ill-defined zone of transition. Multifocal small regions of cortical osteolysis are present, with associated cortical thinning, most pronounced along the medial aspect of the bone.

Market periosteal reaction is identified, including triangular periosteal new bone formation (Codman's triangle) along the medial and dorsal aspects of the distal tibia. The periosteal reaction appears some portions more regularly, indicating chronicity.

A subtle oblique fracture line is present within the affected region, the margin of the fracture is clearly distinct, without displacement or angular deformity

Regional soft tissue swelling is present adjacent to the distal tibia, close to the abnormal bone.

The tarsocrural joint, tarsal bones, fibula, and proximal stifle joint are preserved, with no evidence of additional osseous lesions

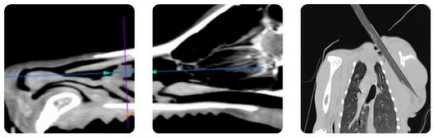
THORAX

The trachea is normal in position and diameter.
The pulmonary parenchyma is normal in opacity and distribution; no pulmonary nodules or masses are identified.

The cardiac silhouette is within normal limits in size and contour (VHS within normal limits).

Pulmonary vessels are normal in size and distribution.

No pleural effusion or mediastinal abnormality is identified.



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The diaphragm, thoracic wall, and visualized osseous structures are unremarkable.

The visible cranial abdomen is unremarkable.

RADIOGRAPHIC DIAGNOSIS

- Aggressive osseous lesion affecting the distal metaphysis/diaphysis of the right tibia with associated non-displaced pathologic fracture. Primary differential diagnoses primary bone neoplasia (most likely osteosarcoma), other primary bone tumors (e.g., chondrosarcoma, fibrosarcoma). Less likely chronic osteomyelitis (infectious or fungal), given aggressive features but less typical clinical context
- No radiographic evidence of pulmonary metastatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distal tibial lesion is radiographically aggressive, characterized by a permeative to moth-eaten pattern of osteolysis, poorly defined margins, focal cortical destruction, and a Codman's triangle-type periosteal reaction. The periosteal reaction is mildly irregular and located proximal to the fracture site, rather than centered at the level of the fracture, making reactive callus formation less likely and supporting a pre-existing osseous process.

The fracture line is sharply marginated and well-defined, more consistent with an acute event, and centered in the most mottle appearance. In this context, the findings support a pathologic fracture occurring secondary to underlying bone weakening.

Given the signalment, lesion location, and aggressive radiographic features, a primary bone neoplasm is considered the most likely diagnosis, with osteosarcoma being the primary differential. Other primary bone tumors are less likely. Mycotic osteomyelitis is considered less probable based on the current imaging features and clinical history.

Thoracic radiographs do not demonstrate evidence of pulmonary metastatic disease at this time.

Tissue sampling (fine-needle aspiration or bone biopsy) is recommended for definitive diagnosis prior to therapeutic decision-making, if clinically indicated

Oncologic consultation is advised. In the absence of detectable metastatic disease, limb amputation may be considered an appropriate treatment option, based and support on oncologic recommendations.

Orthopedic evaluation of the contralateral hindlimb and hips (e.g., for coxofemoral dysplasia) is recommended prior to surgical planning, as this may impact functional outcome.

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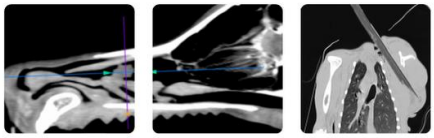

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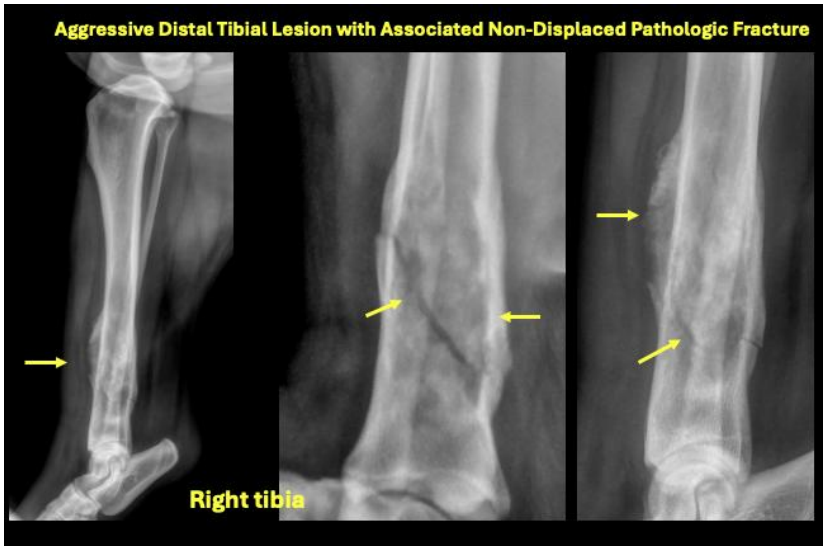

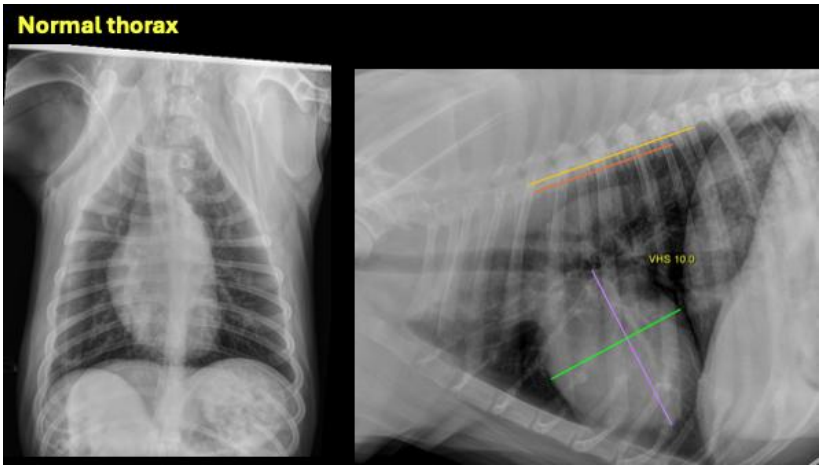

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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