

# IT'S YOUR CASE

Species: Canine Breed: Crossbreed, large Sex: Male Neutered Age: 6 years

## **Clinical History:**

Chronic right hind lameness.

Anatomic regions: Stifle

# Details of study and technical comments:

This radiographic study of the right stifle includes the following projections: mediolateral and craniocaudal.

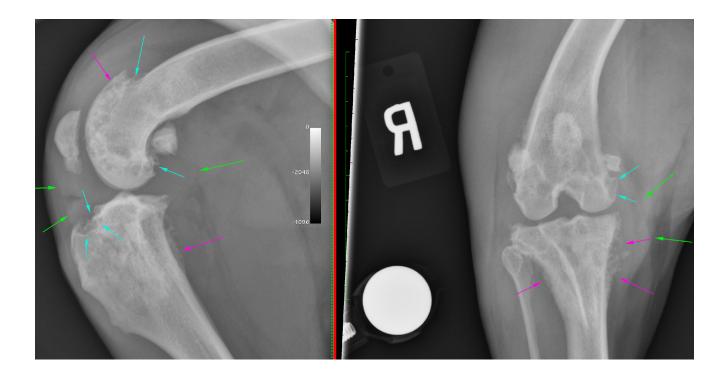
## **Diagnostic interpretation:**

There is severe fluid/soft tissue swelling at the level of the stifle joint space, displacing the infrapatellar fat pad cranially and fascial planes caudally and with medial bowing (green arrows on the images below).

There is moderate to large amount of new bone on the joint margins, which is smooth at some levels (distal patella, fabellae) but more heterogeneous in opacity and rough at other levels (proximal tibia, tibial plateau, distal femur... See pink arrows). Those changes induce a diffuse mottled opacity and patchy sclerosis of the distal femur and proximal tibia.

Some punched out radiolucent defects are present within the margins of this new bone and at some levels of the distal femur and tibial plateau (blue arrows).





## **Conclusions:**

# Right stifle:

- a. Severe synovial effusion and/or thickening.
- b. Moderate new bone formation on the joint margins with some partially aggressive features.
- c. Punched out osteolytic polyostotic lesions in the subchondral bone and new bone.

## **Additional comments:**

The lesions of the right stifle are likely due to an aggressive process as there are some suspected punched out osteolytic lesions. The differential diagnosis includes: joint neoplasia (synovial cell sarcoma, histiocytic sarcoma), septic arthritis or erosive inflammatory arthritis. Arthrocentesis (for cytology and culture) and synovial tissue's biopsies could be performed for reaching a final diagnosis if clinically indicated.



t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com