

## IT'S YOUR CASE

Species: Canine

Breed: Dachshund (Wire-Haired)

Sex: Female Neutered

Age: 15

### **Clinical History:**

Non weightbearing lameness of right hind limb approx. 9d duration.

### **Details of study and technical comments:**

Orthogonal radiographs of the pelvis are provided for interpretation.

### **Diagnostic interpretation:**

PELVIS: Centred on the right ilium there is regionally extensive moth eaten bone lysis creating cortical thinning/loss and having an expansile effect with a highly irregular periosteal reaction extending laterally (pink arrow heads). The sacroiliac joint and hip joint have normal alignment bilaterally. Limited assessment of the sub lumbar region on the oblique lateral view precludes comment regarding lymphadenopathy, there is an impression of a soft tissue mass however this may be associated with the superimposed ilium (pink arrow).

There are minor degenerative changes of the stifles characterized by minimal periarticular new bone formation centred on the trochlear ridges. There is a mineral feature most likely a rock within the descending colon. Limited assessment of the caudal abdominal viscera is otherwise unremarkable.



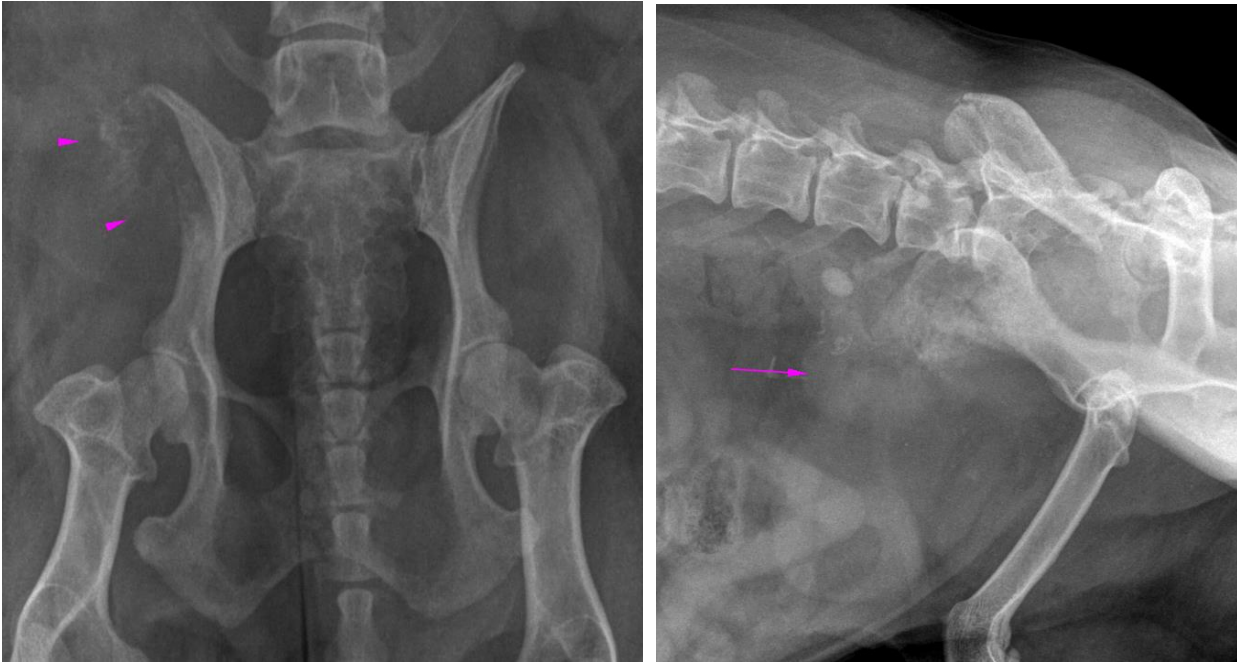
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#### Conclusions:

1. Monotonic aggressive bone lesion of right ilium-highly consistent with primary bone neoplasia such as osteosarcoma.
2. Uncertain status of sub lumbar lymph nodes-consider ultrasonography for further assessment if warranted.

#### Additional comments:

The radiographic findings depict an aggressive lesion centred on the right ilium as a cause of the reported lameness. Unfortunately, this is highly consistent with primary bone neoplasia such as osteosarcoma. Other primary bone neoplasms cannot be fully excluded based on the radiographic appearance alone and could include hemangiosarcoma, chondrosarcoma, fibrosarcoma. Primary soft tissue neoplasia with involvement of adjacent bone and infectious osteomyelitis can also create aggressive bone lesions radiographically but are considered much less likely. Sampling could be considered for definitive diagnosis and may be possible percutaneously. Thoracic radiographs could be considered to evaluate for pulmonary metastasis.



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