Submitted by: Dr. Dana A. Neelis from Virginia-Maryland Regional College of Veterinary Medicine, and Drs. Beth Biscoe and Russ Tucker from Washington State University.

History: A 13 year old Quarter Horse mare presented for chronic right forelimb lameness. The lameness was consistent when jogged over a smooth hard surface and was localized to the foot with perineural analgesia. The right front foot was not sensitive to hoof testers.

Findings:

Radiographs: Right Forelimb Distal Extremity

A large, round, smoothly marginated area of osteolysis is present in the toe of the distal phalanx, near midline, best visualized on the 60 degree dorsopalmar view. A thin rim of bone is still present along the dorsal margin of this lytic lesion.

CT: Right Forelimb Distal Extremity

A round, smoothly marginated area (2-2.5 cm in diameter) of osteolysis is present within the toe of the distal phalanx, near midline. A thin rim of fragmented bone is present along the dorsal cortical margin of the osteolytic lesion; however a large cortical defect is present along the palmar margin. This area of osteolysis is filled with soft tissue attenuating, mildly heterogeneous tissue, which is isoattenuating to the lamina and sole immediately surrounding the distal phalanx. Additionally, a small concave defect is present solar soft tissues, at the level of the lesion.

Radiological Diagnosis: Smoothly marginated osteolytic, soft tissue mass within the right front distal phalanx.

Differential Diagnoses: The most likely differentials are a keratoma, fibroma or osteoma based on the smooth margination of the lesion.

Outcome: The soft tissue mass was surgically removed and submitted for histopathology. The mass was diagnosed as a non-ossifying fibroma. Only a few reports of a non-ossifying fibroma in horses could be found in the literature, one involving both the left and right tibia and another involving the first phalanx.

References:
