



PATIENT

Emy Fuhrmann

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

10 Years

WEIGHT

19.8 Pounds

INTERPRETED BY

Heike Rudolf, DVM, Dr.
med. Vet., DipECVDI
DVR

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

35099

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Around noon today, she was out zooming around the horses and one of them stomped on her right front paw. -She has two lacerations on her paw, and she is now non-weight bearing. -Concerned about a break or fracture.

Abnormal PE/Chem/CBC/UA Results: PE: Mouth/Teeth: Stage 2-3 dental disease Coat/Skin: Nails due for a trim. Left carpus has a C-shaped laceration on the proximal lateral carpus across the front and down distally. Musculoskeletal: Left front lameness. Foot presented under a bandage. No obvious crepitus or obvious fracture on palpation, but potential ligament damage and possible underlying fractures. Left carpus stable on palpation but not weight bearing.

RADIOGRAPHIC STUDY OF THE FORE PAWS

The fur of the left fore paw is more prominent and may be wet. Soft tissue size surrounding the digits is bilateral symmetrical.

The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortical-medullary development and differentiation of the long bones are physiological.

Paws: all sesamoid bones are physiologically developed and have smooth surfaces. The joints are congruent. Phalanx (P) 3 digit 1 is missing bilaterally.

RADIOGRAPHIC DIAGNOSIS

- Missing P3 digit 1, bilateral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no fracture lines. However, hair line fissures can only be seen when osteoclastic activity has resulted in bony resorption and thus widening of the fissure. This usually happens between 7 and 10 days post traumatic incident. Should conservative treatment not have improved the lameness, the DP views should be retaken.





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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com