



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sherlock Hammer
SPECIES Canine
BREED Pug
SEX Male

History: Hx of RFL lameness: Oct 2022 dog jumped down and severely injured rt carpus. Dr Gerald Burant developed a carpal brace. Dog did great with the brace for the first 3 weeks, but in the past few weeks the dog limps with the brace on and holds up the leg frequently. Seems to be deteriorating. Has been uncomfortable for the past 2 weeks. Meds: 7 kg dose metacam once weekly. LFL--Normal ROM of digits, carpi, elbow and shoulder. Normal glides of digits, carpi, elbow and shoulder. Normal tone and mass and no pain on palpation of all LFL muscles. , RFL--Normal ROM an glides of digits and elbow. Mild atrophy of all musculature. Normal shoulder joint glides but possible increase in shoulder abduction. Marked cranial drawer of carpal/metacarpal row. Hyperflexion of 3rd carpal row/MC. Without brace during standing or taking a forward step, the Carpal/MC joints luxate (MC drawer forward cranially) but paw maintains proper palmar positioning on ground, LHL-- Normal ROM of digits, hock, stifle and hip. Normal glides of digits, hock, stifle and hip. Normal tone and mass and no pain on palpation of all LHL muscles. , RHL--Normal ROM of digits, hock, stifle and hip. Normal glides of digits, hock, stifle and hip. Normal tone and mass and no pain on palpation of all RHL muscles.

Abnormal PE/Chem/CBC/UA Results: Under sedation: palpation reveals marked RFL medial shoulder instability with associated cranial shoulder joint capsule laxity. RFL medial carpal ligamentous trauma radial/carpal joint and 1st/2nd carpal row.

AGE RADIOGRAPHIC STUDY OF THE SHOULDERS, ELBOWS AND CARPI

AGE 7 Months
 Skeletal immaturity compatible with the given age is noted.
 Shoulder joints: both appear congruent with even subchondral bone surfaces. The medial joint spaces are slightly increased.

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

R elbow: the humero-radial joint space appears large on the lateral view. On the caudo-cranial view a spur of new bone is present on the medial coronoid process.

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R carpus: the distal radial growth plate (GP) is closed and one aspect of the distal radius appears to be shorter on the lateral views. Differentiation between cortex and medulla is only present in the proximal third of the radius. The distal radius is slightly S-shaped.

RADIOGRAPHIC DIAGNOSIS

R carpus

- REFERRING VET** Dr. Jennifer Stelfox
- Premature GP closure distal radius and ulna
 - Subluxation humero-radial joint space
 - Possible FCP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The changes are highly suggestive of trauma to the distal antebrachial growth plates with premature closure, of especially the radius. This followed an asymmetrical development of the antebrachio-carpal and elbow joints. New bone on the medial coronoid process may solely be the result of instability, but fragmentation of the medial coronoid process is also possible. Comparison with the left leg is recommended and both antebrachia should be examined, including elbow and shoulder joint, in lateral

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and cranio-caudal projections. This will allow determination of bone length and the possible need for surgical intervention. CT of the elbow joints can be performed to detect an FCP.

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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.

REFERRING VET

Dr. Jennifer Stelfox

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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