



PATIENT

Lola Harriss

SPECIES

Canine

BREED

Cocker Spaniel

SEX

FS

AGE

14Y, 9M, 4D

WEIGHT

22.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Geist

INVOICE

74087

DATE

3-9-26

PRESENTING CLINICAL SIGNS

Patient with a split nail approximately 2.5 weeks ago on digit 3 of the left hind limb. The owner initially attempted conservative management with bandaging and Epsom salt soaks. About one week ago the patient chewed and completely avulsed the nail, after which the lesion progressively worsened.

On physical examination there is marked swelling of digit 3, complete nail loss, and purulent, malodorous discharge, highly suggestive of severe infection of the nail bed/soft tissues.

The patient is currently receiving clindamycin.

RADIOGRAPHS OF THE LEFT HIND PAW

Lateral and DP, totaling 3 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

A large soft tissue swelling surrounds phalanx (P2) and 3 of digit 3, with an irregular distal border. Plump new bone is present on the periosteal surfaces of P2. Nail and unguicular process of P3 are absent. The region of the crest is wide with absence of a true crest and permeative bone lysis. Spiky new bone (NB) is located on the medial joint surface of the altered crest and on the medially located wedge shaped bone of P3.

A mild soft tissue swelling displaces the skin surface on the lateral aspect of the tibio-tarsal joint. A very small amount of slightly irregular NB is evident along the calcaneal surface.

RADIOGRAPHIC DIAGNOSIS

- Destructive lesion P3 digit 3
- Reactive bone formation suggestive of septic arthritis

Incidental finding:

- Mild swelling tibio-tarsal joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infection or tumor can cause similar changes on the toes. Taking into account the history of trauma purulent discharge, and the shape of NB formation on P3, infection is definitely present. An associated tumor as a primary cause can, however, not be completely ruled out. In my opinion it is unlikely that the infection will subside by antibiotic treatment alone and the altered P3 will keep causing the dog discomfort and may prevent healing. I thus suggest amputation of P2 and 3. Until then pain killers should be added to the treatment.



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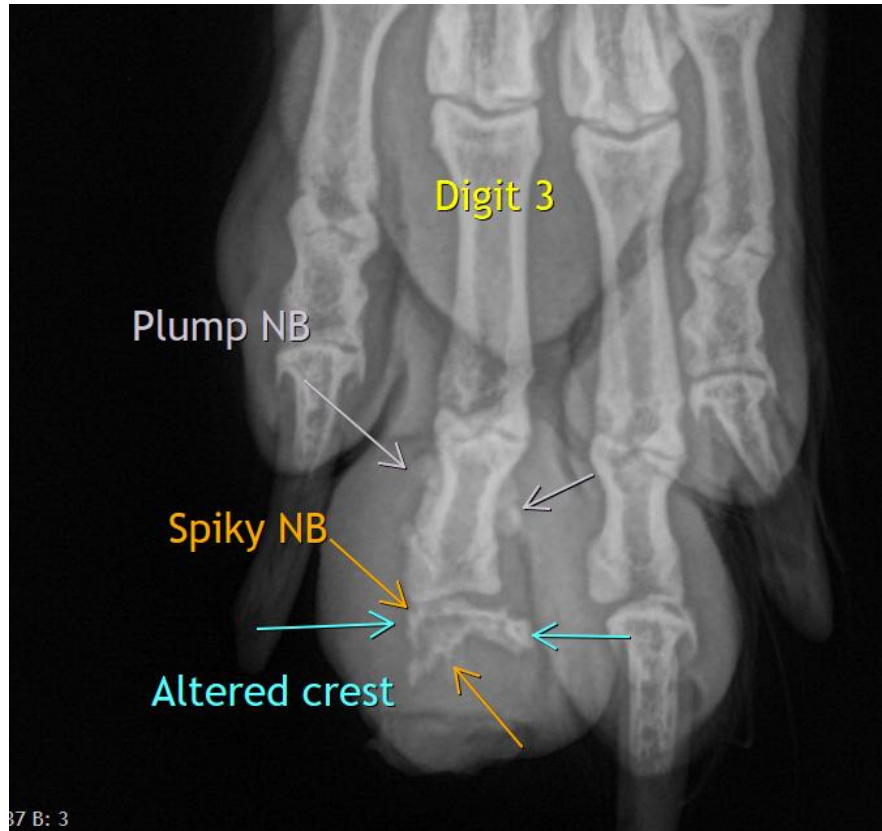
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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