


**PATIENT PRESENTING CLINICAL SIGNS**

**Sunny Askari** History: Sunny, a 6yr old Male DSH presents today for limping on one of his back legs.  
 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
 Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Heavy dental calculus, resents oral exam Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen. Soft tissue swelling right crus extending from just below stifle to middle of tarsus, painful to the touch/visible bruising. Sticky material in fur level of mid-tibia--dark in color rule-out blood/purulent material vs. saliva vs. other. Shaved fur under sedation--superficial wounds dorsal and caudal right tarsus, no wounds over tibia CV/Respiratory: Normal heart rate and rhythm, grade 4/6 systolic parasternal murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4 with toe-touching lameness right pelvic limb. Soft tissue swelling as described. Very painful on palpation from mid-tibia to proximal tarsus. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: Radiographs right pelvic limb--possible fracture vs. subluxation proximal aspect of metatarsal 1?, otherwise NSF on in-house review---radiology consult pending Declined Diagnostics/Treatments: FeLV/FIV, feline complete wellness Findings/Assessment: Unknown trauma with superficial wound and cellulitis +/- orthopedic injury Heart murmur Heavy dental calculus Treatment Plan: Butorphanol and midazolam administered IV to facilitate radiographs and treatment--patient very painful After radiographs obtained, clipped/cleaned right pelvic limb (see notes). Onsior 2mg/kg SQ Convenia 8mg/kg SQ Rabies vaccine 1y SQ LH Dispense Buprenorphine 0.5mg/ml 0.15ml PO BID Dispense Onsior 6mg #4--2T PO SID start tomorrow night Keep confined/restrict activity x 7-10 days or as otherwise directed Recheck Needed: 10-14 days or as otherwise directed based on radiology report Follow-up Care: as indicated Additional Comments: Informed owner of heart murmur--since patient is older and with unknown medical history no way of knowing how long heart murmur has been present or if it is significant--need proBNP/echocardiogram to determine significance. Unknown risk of mild sedation with torb/midazolam but necessary to obtain radiographs and provided tx--considered unvaccinated and unknown trauma could be wildlife encounter. Recommend wellness bloodwork to evaluate overall health otherwise, owner declined. Rad report pending. Allison WARD, dVM

**Feline**  
**BREED** Bengal  
**SEX** Male  
**AGE** 6 Years

**INTERPRETED BY** Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR

**RADIOGRAPHIC STUDY OF THE TARSI**

**HOSPITAL NAME** A mild soft tissue swelling is evident medial and lateral to the tibio-tarsal joint.

DPC Veterinary Hospital All bones are well mineralized, have a normal trabecular structure and a smooth surface. Cortical-medullary development and differentiation of the long bones are physiological.

**REFERRING VET** The stifle joint has smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad has a physiological size and the caudal fascial plains are in a physiological position. A small, smooth bone structure is located cranial to the meniscus. New bone formation is not evident.

Dr. Ward

**INVOICE RADIOGRAPHIC DIAGNOSIS**

- 22153
- Soft tissue swelling tibio-tarsal joint
  - Ossicle stifle joint (incidental finding)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**
**DATE**

22153



**PATIENT**

I can see no abnormalities in the long bones.

Sunny Askari

The tibio-tarsal joint may contain an effusion or is surrounded by a soft tissue swelling. Should the initiated treatment not result in a lameness free animal, radiographs should be repeated in case a hairline fissure was sustained. Osteoclastic activity should enlarge the line within 10 days so it can be seen. Ultrasound of the tarsal joint with joint tap and analysis of the fluid can be the next step.

**SPECIES**

Feline

**BREED**

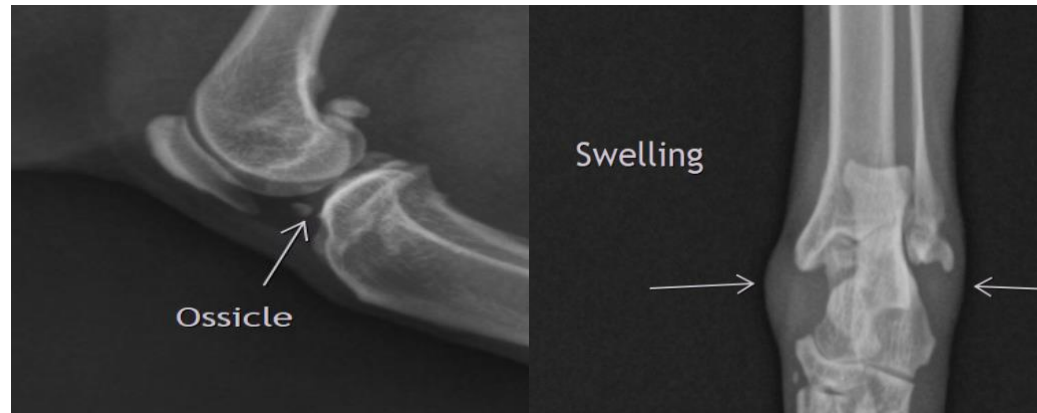
Bengal

**SEX**

Male

**AGE**

6 Years



**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.**

**INTERPRETED BY**

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

**Heike Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Ward

**INVOICE**

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**DATE**

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