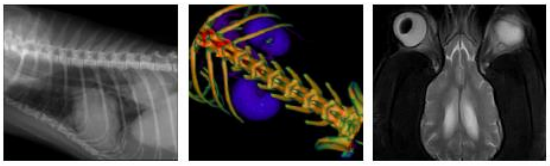

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1-800-838-4268 info@sonopath.com

PATIENT

Lucy Balins

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

INTERPRETED BY

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

HOSPITAL NAME

BelvedereVC

REFERRING VET

Brendan Moulder, DVM

INVOICE

12632

DATE

8/20/21

PRESENTING CLINICAL SIGNS

History: LEFT front lameness- 2 weeks initially progressive lameness to NWB status. Was seen at ER facility- radiographs were reviewed but had no sig findings. P was given Onsior- some slight improvement but short lived. P presented today after another 2 weeks- toetouching lameness with dorsiflexion of carpus. Only repeatable area of discomfort was extension of carpus. Rads appear structurally normal. DDx- soft tissue vs nerve insult (radial nerve damage vs brachial plexus strain)- no outwardly apparent muscle atrophy.
Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE FRONT PAWS

The skin surfaces are smooth and the muscles appear to be symmetrically developed.

The long bones are well mineralized and have a normal trabecular structure and a smooth surface. Cortical-medullary development and differentiation are physiological.

All joints are congruent with smooth subchondral bone surfaces. A bony spur is located on the palmaro-distal aspect of both accessory carpal bones. P3 of digits 2-5 is extended and thus superimposed onto P2 on the DP view.

RADIOGRAPHIC DIAGNOSIS

- Hyperextension of P3 digits 2-5 on the left
- New bone accessory carpal bone (incidental finding)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no bony abnormalities that would explain the lameness. The new bone of the accessory carpal bones is bilateral, smooth and most likely represents degenerative changes.

Explanations for the position of the P3s are contraction of the extensor tendons or weakness of the flexor tendons. Carpal and digital hyperextension are usually the result of trauma and vary in severity.

In cases with mild trauma medical therapy may be an option and typically involves a combination of splints and physical therapy, with the goal of restoring normal function to the stretched or sprained carpal ligaments. In many cases of carpal extension however, carpal arthrodesis is required. The immobility of the paw will have to be weight against the current impairment. To rule out neural damage cross sectional imaging is recommended.

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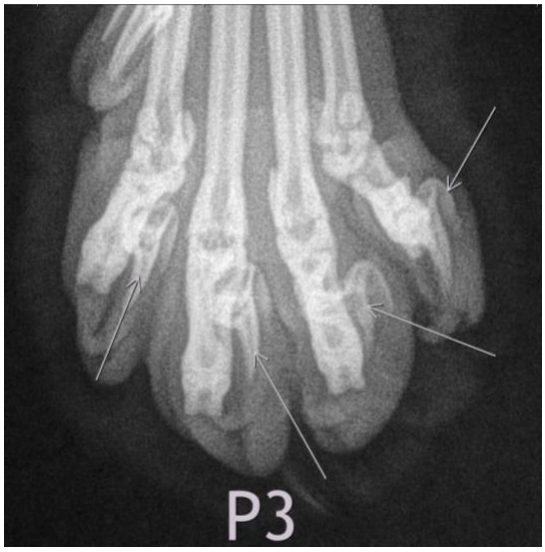

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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