



PATIENT PRESENTING CLINICAL SIGNS

Jackie Picchiatti History: chronic relapsing bony changes in RF P2 3rd phalanx. Antibiotic responsive but recurs.
Abnormal PE/Chem/CBC/UA Results: Pain 2nd digit RF

SPECIES RADIOGRAPHIC STUDY OF THE PAWS

Canine **Right digit 2 Phalanx 3**

BREED The digit has been placed evenly so that the medial as well as the lateral unguicular crest are visible to the same degree. On the previous views the lateral aspect had been highlighted.

Poodle The distance between the proximo-dorsal surface of P3 and the crescent shaped lucency has reduced since 27.5.21 (0.6 vs 0.7cm). The medial aspect of the crest is missing (lytic).

SEX Now the proximal aspect of the lucency appears convex and extends from side to side resulting in a thin, crescent shaped bony outline of both the medial and lateral aspect.

Spayed Female

The nail is absent resulting in a short, tubular lucency with a central, rectangular bone opacity.

AGE RADIOGRAPHIC DIAGNOSIS

11 Years

- Progression of disease
- Loss of nail
- Centrally located calcified fragment

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Since antibiotic treatment and removal of the nail have failed to improve the clinical signs permanently, a fungal infection or slow growing tumour have to be included in the list of differential diagnoses. The absence of the crest on the medial aspect suggests extension of the pathology towards the joint. Removal of P3 and submission for histopathology, bacteriological and fungal infection is recommended.

HOSPITAL NAME

Pinebrook AH

A histopathological examination is essential for a final diagnosis.

REFERRING VET

Dr. Britt Dubil

INVOICE

12805

DATE

8/27/21



PATIENT

Jackie Picchiatti

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

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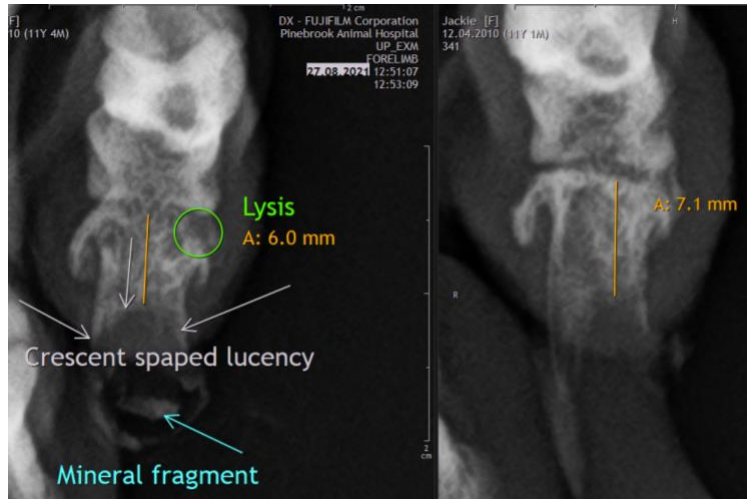
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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