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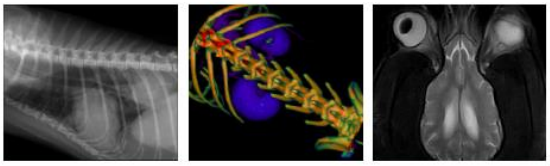

PATIENT

Jace Leviton

SPECIES

Canine

BREED

Mix

SEX

Neutered Male

AGE

1.5 Years

INTERPRETED BY

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

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

13252

DATE

9/24/21

PRESENTING CLINICAL SIGNS

History: Intermittent lameness on left front leg. 3rd digit of LF paw is palpably deflected upwards and medially. Possible sensitivity at digits, though pet reacts similarly upon palpation of opposite paw as well.

Abnormal PE/Chem/CBC/UA Results:CBC/Chem--all WNL 4DX: Anaplasma (+)

RADIOGRAPHIC STUDY OF THE FORE LIMBS

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

Shoulders

Both shoulder joints appear congruent with even subchondral bone surfaces.

Elbows

The elbow joint is congruent with smooth subchondral bone surfaces. New bone formation is not evident; the medial coronoid process of the left appears to be slightly blunted.

Left Paw

A mild soft tissue swelling is located on the dorsal aspect of the left metacarpo-phalangeal (MCP) joints. An elongated bone opacity is present on the dorsal aspect of one MCP joint, just proximal to the dorsal sesamoid bone of another. Sesamoid 4 is not apparent.

Right Paw

A roundish bony structure is located proximal to sesamoid bone 2 suggesting a bipartide sesamoid.

Both Paws

P2 and 3 of digit 3 are laterally deviated. The angle of the phalanges of digit 3 and 4 and the ones of digits 2 and 5 is comparable and physiological on the lateral view.

RADIOGRAPHIC DIAGNOSIS

Left

- Soft tissue swelling dorsal to MCP joints
- Sesamoid abnormality

Right

- Bipartide sesamoid bone 2(possible)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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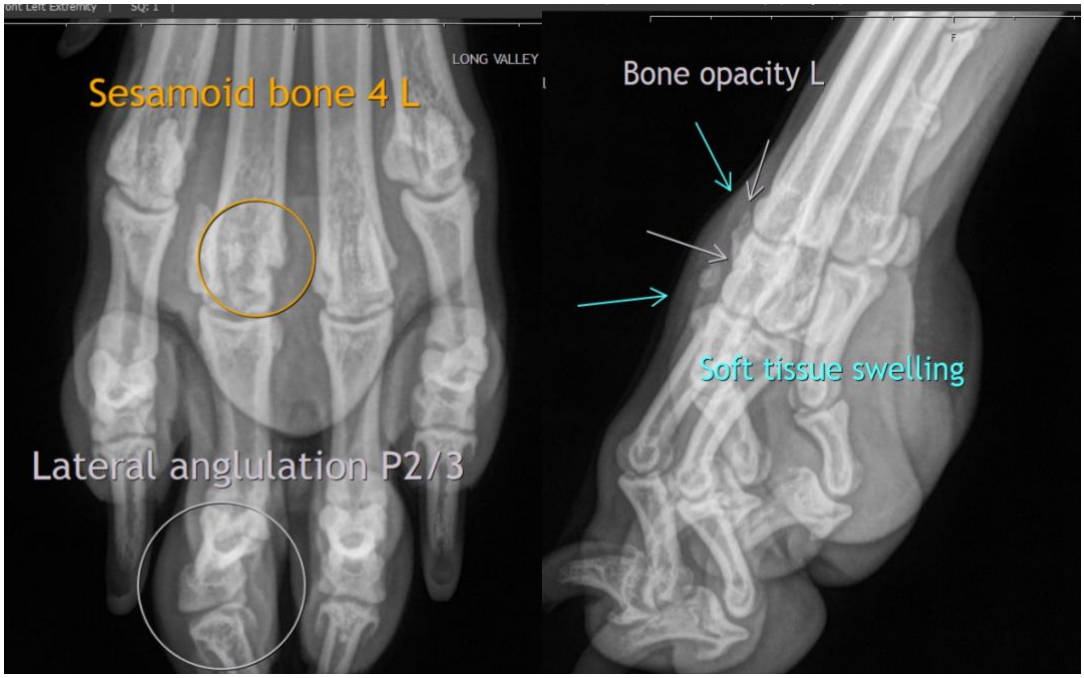
The elongated bony structure on the left could represent another dorsal sesamoid bone or a fragment of the palmar sesamoid 4. The soft tissue swelling should be investigated further and ultrasound is recommended to identify fluid pockets or tendon damage. A CT examination can define bony changes in much more detail than radiography and contrast CT will show if an inflammation (e.g. tendinitis) is present.



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