

**PATIENT**

Chewy Sagehorn

PRESENTING CLINICAL SIGNS

Patient presented 2 weeks ago for an ulcerated swelling over where the right dewclaw would be. Swelling was very inflamed/ulcerated. No history of trauma known. When aspirated, some purulent material was expressed but the swelling could not be completely reduced. Today at recheck, the ulceration has inflamed but a firm swelling still persists. The swelling only produced blood when aspiration was attempted. Owner wonders if possible injury from grooming. X-rays submitted to evaluate abnormal bony changes. Patient is otherwise doing well. Is there evidence of a neoplastic change?

SPECIES

Canine

BREED

Shih Tzu

RADIOGRAPHIC STUDY OF THE CARPI

Dorsopalmar view of both carpi available for review.

RADIOGRAPHIC FINDINGS**SEX**

MN

There is soft tissue swelling distal and medial of the left carpus. The 1st digit in the right front limb is completely contained within that soft tissue swelling. The claw horn is absent.

The distal phalanx is distorted and lytic. The distal part of the proximal phalanx appears to present early lytic changes as well.

AGE

7 Years

The 1st metacarpal bone is intact and within normal limits.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Soft tissue swelling and moderately aggressive bone lysis of the distal and proximal phalanx of the 1st digit in the right front limb.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differential diagnosis includes septic cellulitis with aggressive osteomyelitis of the distal and proximal phalanx of the 1st digit in the right front limb and less likely soft tissue neoplasia with secondary aggressive bone lysis. Consider sampling versus direct amputation of the 1st digit with en-bloc resection of the soft tissue changes with consecutive histopathologic examination and culture.

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. Sarah Rotthaus

INVOICE

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DATE

1-5-22



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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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