



PATIENT

Acorn Zarday

PRESENTING CLINICAL SIGNS

Approx 1yr FS Shep-x present for 3-4 week hx wax/wane lameness of LTL. Owner a veterinarian and has isolated the pain to Digits IV & V on LF paw. Good response to nsaid and rest, but then lameness returns when dog resumes normal activity - very active/playful young dog. PE does not reveal any overt soft tiss swelling.

SPECIES

Canine

COMPUTED TOMOGRAPHIC FINDINGS

Left Front Paw

BREED

Shep-X

A tubular cavitory lesion with peripheral rim enhancement is seen in the distal metacarpal soft tissues palmar of the 3rd digit of the left front paw. Thin finger like extensions connect with this tubular cavitory lesion which in part can be traced under the main digital pad. No evidence of foreign material is seen.

SEX

FS

The axial palmar sesamoid bone of the 3rd digit and the axial palmar sesamoid bone of the 5th digit are multipartite and present mild peripheral soft tissue swelling with slightly increased enhancement.

AGE

1

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Tubular cavitory lesion palmar and proximal of the 3rd digit's metacarpophalangeal joint in the left front paw.
- Multipartite sesamoid bones of the 3rd and 5th digits with mild peripheral inflammation.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

"Fragmentation" of the palmar metacarpal sesamoid bones is usually a developmental disease. It is less common to be but can be the result of trauma - and hematoma as well as flexor tendon injury/tendinitis can be associated with it. Differential diagnosis includes immune mediated and foreign body related metacarpal fistulae. Rest & further clinical monitoring versus sampling can be discussed in the further management of the patient.

HOSPITAL NAME

San Francisco SPCA

REFERRING VET

Dr. Nicolette Zarday

INVOICE

47707

DATE

10-6-21



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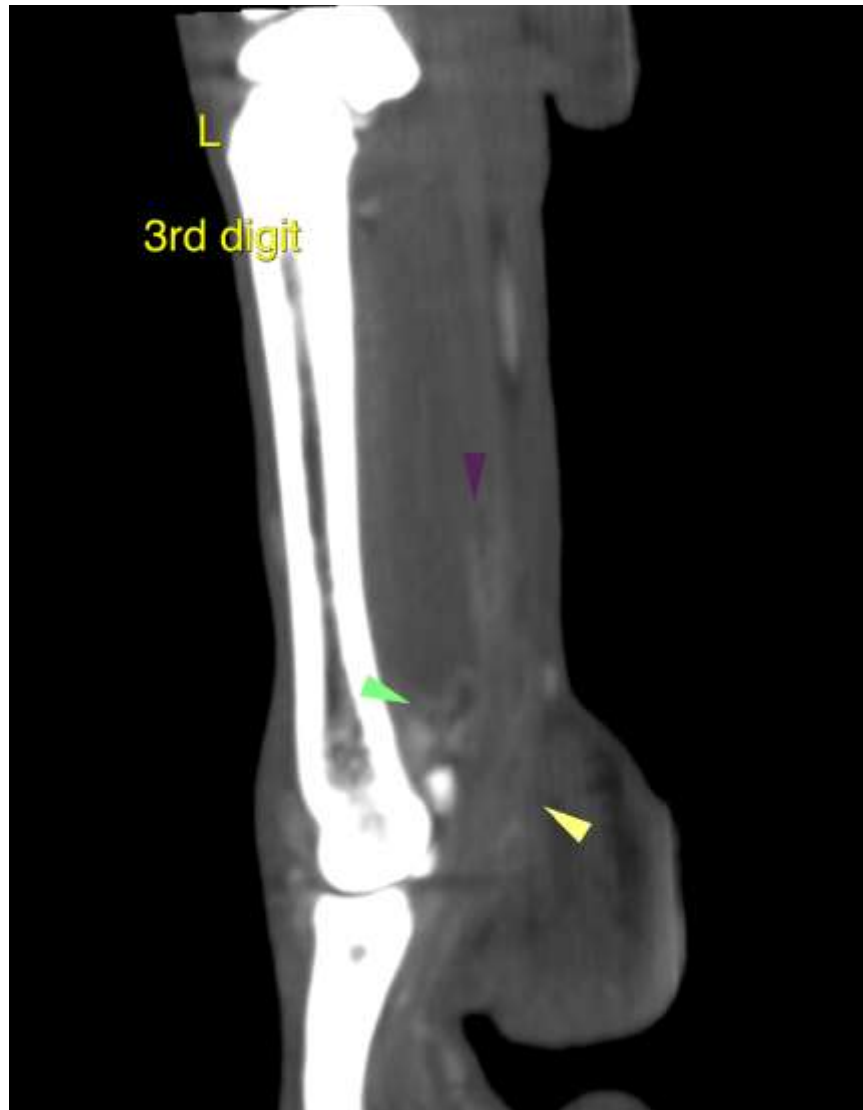
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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