



PATIENT

Nick Beers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13.5Y

WEIGHT

12.7lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDF

IMAGING PERFORMED BY

Dr. Lindsey Knouse

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Dr. Lindsey Knouse

INVOICE

72798

DATE

12-1-25

PRESENTING CLINICAL SIGNS

Nick was declawed as a kitten at the same time he had a hindlimb amputation for trauma. He also has known GI lymphoma and is on prednisolone for that. He had a splenectomy as well during his GI biopsies- path benign on spleen. He presents now for paw swelling on the left front digit #3. This same digit was swollen and resolved with convenia injection in August. Now that it is back, it drained purulent discharge last week. Convenia was given 5 days ago and the digit is still swollen and drained a little more purulent material. A low grade heart murmur has been heard at times on exam. We want to make sure there is nothing concerning in Nick's chest with his history and since he is on pred. We also want to know your opinion on his paw.

RADIOGRAPHIC STUDY OF THE THORAX & FRONT PAWS

Mediolateral view of the left front paw, craniocaudal view of both front paws, and right/left lateral and ventrodorsal thoracic views totaling 5 images are available for review.

RADIOGRAPHIC FINDINGS

Left Front Paw

Distal phalanges have been amputated.

The distal epiphysis of the middle phalanx of the 3rd digit is absent with ill-defined osseous margins. Multiple mineral opaque foci are scattered throughout the surrounding soft tissues. Moderate soft tissue swelling of the 3rd digit is seen.

Thorax

The body condition score appears slightly elevated.

The extrathoracic soft tissues present homogeneous without abnormalities.

The cardiac silhouette appears within normal limits. The VHS is 8.0, which is borderline. Left ventricular enlargement with mild basico-apical enlargement of the cardiac silhouette cannot be completely ruled out. However, no tracheal elevation is noted.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

RADIOGRAPHIC DIAGNOSIS

- Suspect chronic post-surgical changes and chronic infection of the left front digit #3.
- Normal age related thorax.



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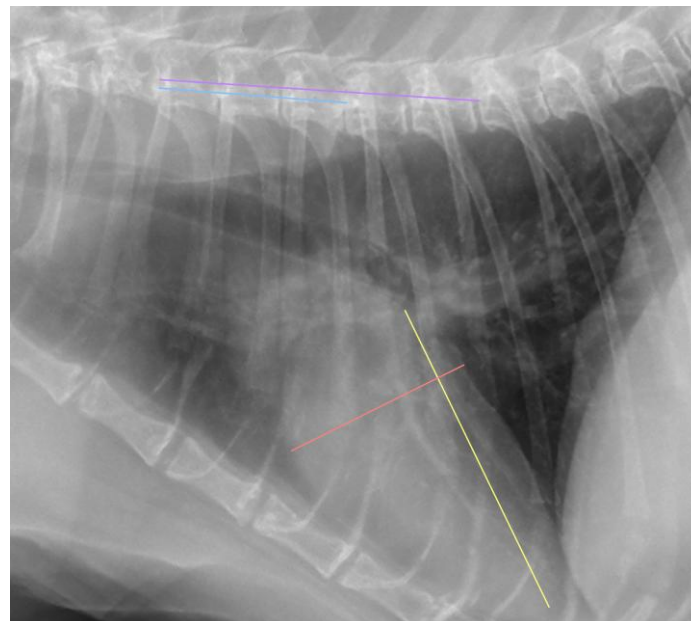
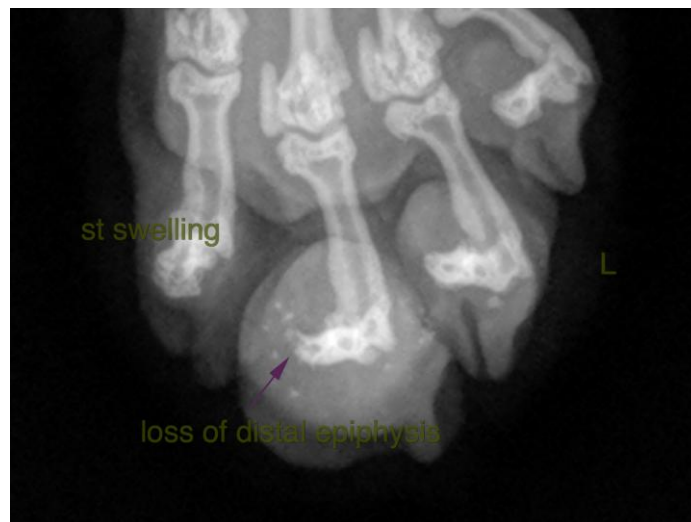
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- Left ventricular cardiac enlargement not completely ruled out. Correlate with auscultation.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic presentation of the left front paw suggests chronic inflammation or infection of the 3rd digit which may be related to chronic post-declaw injury or other unrelated injury possibly complicated by localized infection or inflammation. The osseous changes suggest presence of osteitis. Soft tissue neoplasia with secondary aggressive bone disease cannot be ruled out entirely but is considered less likely based on the radiographic presentation. Clinical monitoring and local wound care of the affected digit are recommended. Consider biopsy as well as culture and sensitivity if persistent drainage. Surgical consultation could be considered if the swelling fails to resolve and respond to completion of antibiotic therapy.





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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.

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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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DSH

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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