



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Otter Stovall
SPECIES Canine
PRESENTING CLINICAL SIGNS Very active dog with an acute onset RFL lameness last spring that appeared to resolve during the summer but acutely worsened again 2 weeks ago. Right distal ulnar carpal flexor tendon is thickened and painful and there is extensive swelling around the accessory carpal bone, mostly laterally (floculent) but also distally (firm). There is point tenderness distal to the left accessory carpal bone but no abnormal thickening. Radiographs reveal soft tissue thickening of the right UCF tendon and around the ACB, with roughening of the distal ACB and a linear soft tissue mineralization distal to the ACB.

BREED ULTRASONOGRAPHIC STUDY OF THE PALMAR CARPAL REGION BOTH FOREARMS

Vizsla ULTRASONOGRAPHIC FINDINGS

RIGHT

SEX

MN

The ulnar carpal flexor tendon is markedly enlarged measuring ~ 10 mm in diameter over an estimated 30 mm length proximal to the accessory carpal bone (compared with 2.5 mm on the contralateral side). The tendon shows loss of normal fibrillar architecture with heterogeneous predominantly hypoechoic echotexture consistent with tendinopathy and partial fiber disruption. A small amount of anechoic peritendinous fluid is present.

AGE

9yr

The accessory carpal bone demonstrates irregularity of the proximal and distal palmar cortical surfaces. The palmar carpal ligament (accessory metacarpal ligament) appears thickened with partially obscured internal architecture.

INTERPRETED BY

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

A linear hyperechoic structure with acoustic shadowing consistent with mineralization is identified superficially within the ligament. Mild preligamentous fluid is present.

LEFT

The left ulnar carpal flexor tendon is of normal size, echogenicity and echoarchitecture. A small amount of anechoic peritendinous fluid is present.

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The palmar carpal ligament is mildly thickened with preserved internal architecture.

The accessory carpal bone shows smooth and regular cortical surface.

REFERRING VET

David Lane

ULTRASONOGRAPHIC DIAGNOSIS

- Right ulnar carpal flexor tendinopathy with fiber disruption and peritendinous effusion.
- Chronic desmitis of the right palmar carpal ligament with associated soft tissue swelling and linear mineralization.
- Irregularity of the right accessory carpal bone likely secondary to chronic traction or enthesopathy.
- Mild changes of the left carpal region without structural tendon or ligament damage.

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INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS



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The ultrasonographic findings are consistent with chronic or acute on chronic right ulnar carpal flexor tendinopathy and accessory ligament desmitis with enthesopathic changes of the accessory carpal bone. The chronicity is suggested by tendon fiber disruption and mineralization of the palmar ligament and irregular bone surface. However, acute partial fiber disruption on top of the chronic tendinopathy and desmopathy should be considered likely.

SPECIES

Canine

The mild changes on the left may be subclinical or early adaptive. The presence of contralateral earlier stage disease should be considered.

BREED

Vizsla

Activity restriction and targeted rehabilitation is recommended. Adjunctive biological treatment using PRP stem cell therapy or extracorporeal shockwave therapy can be considered.

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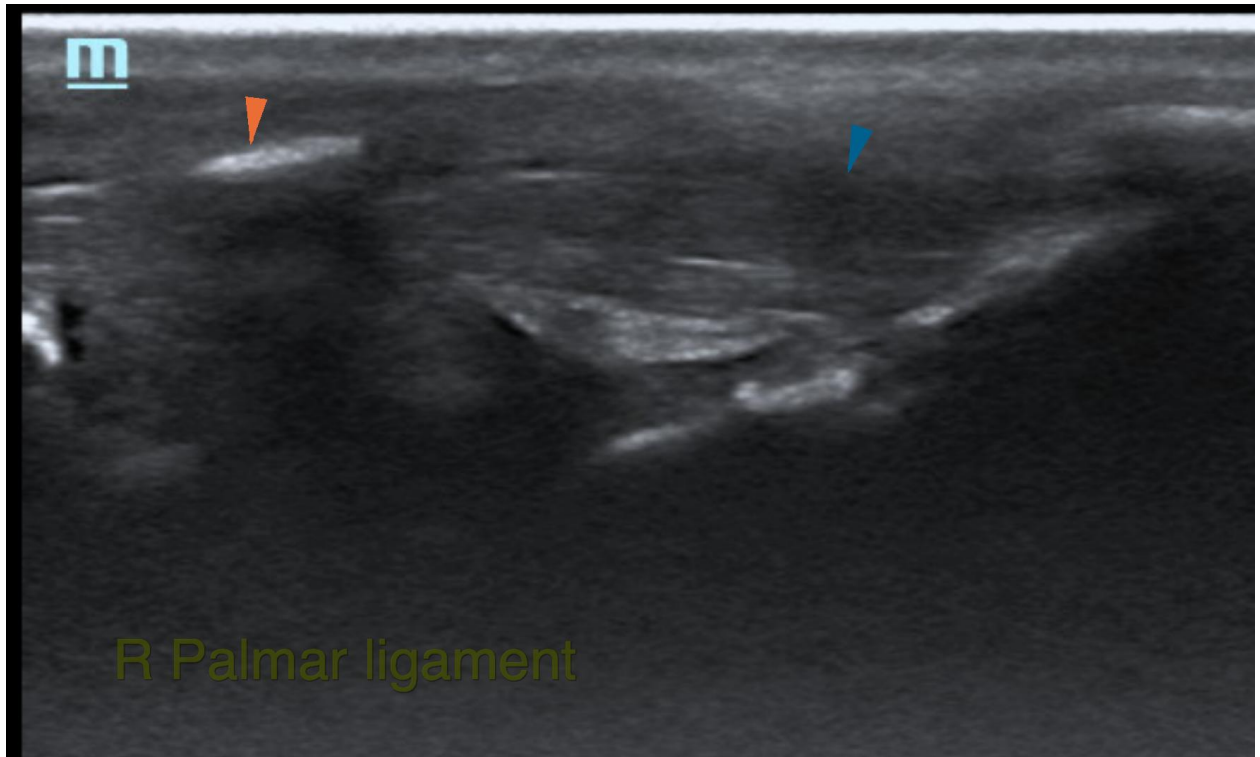
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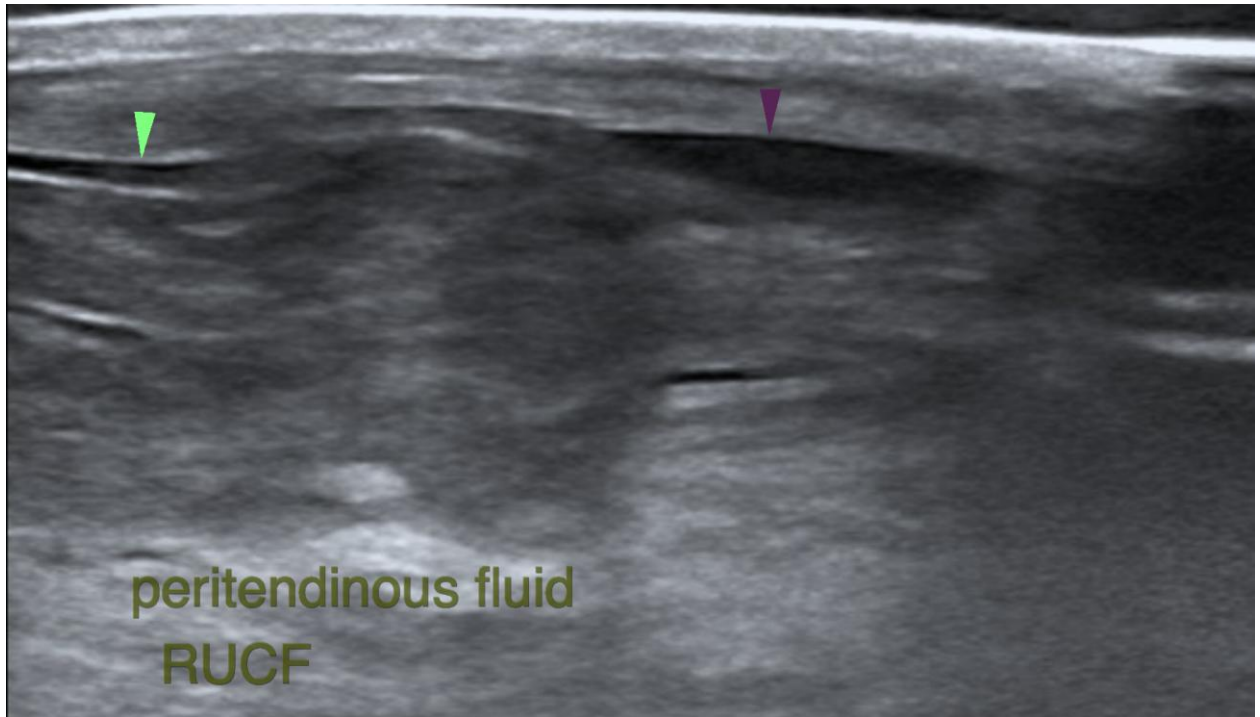
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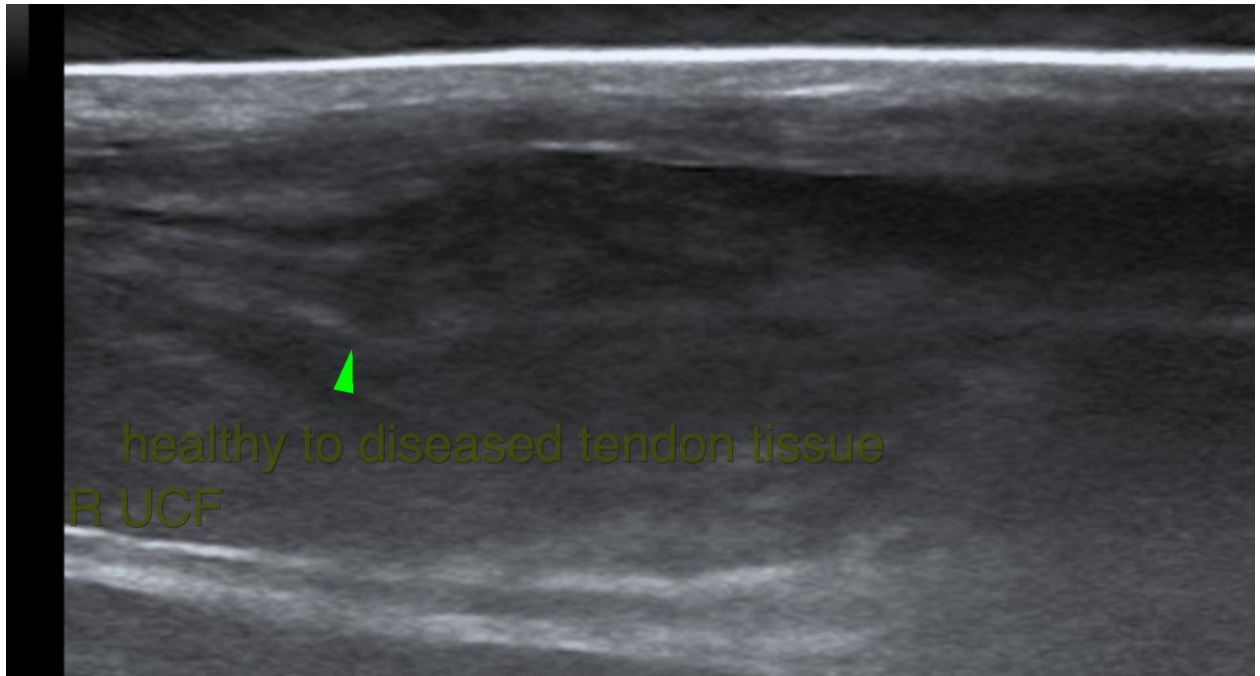
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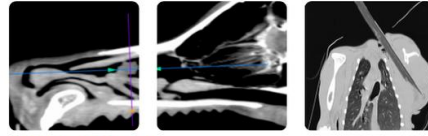
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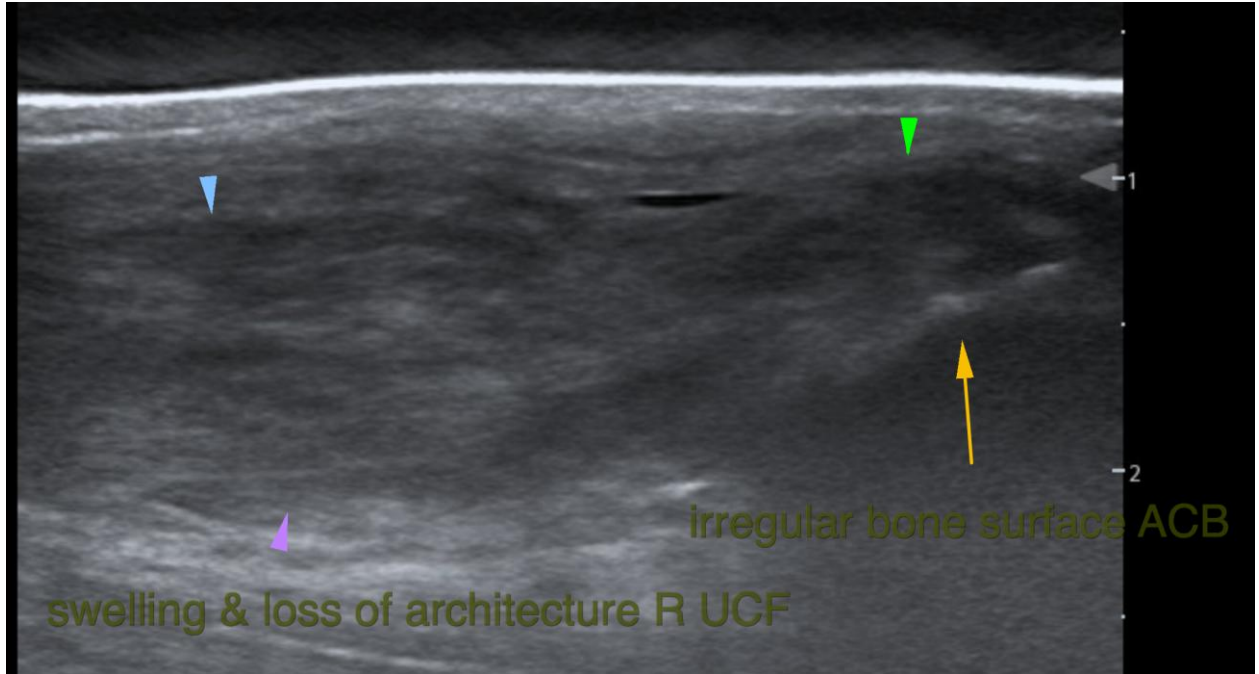
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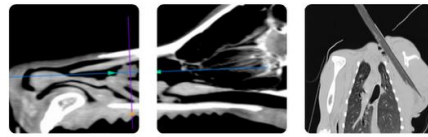
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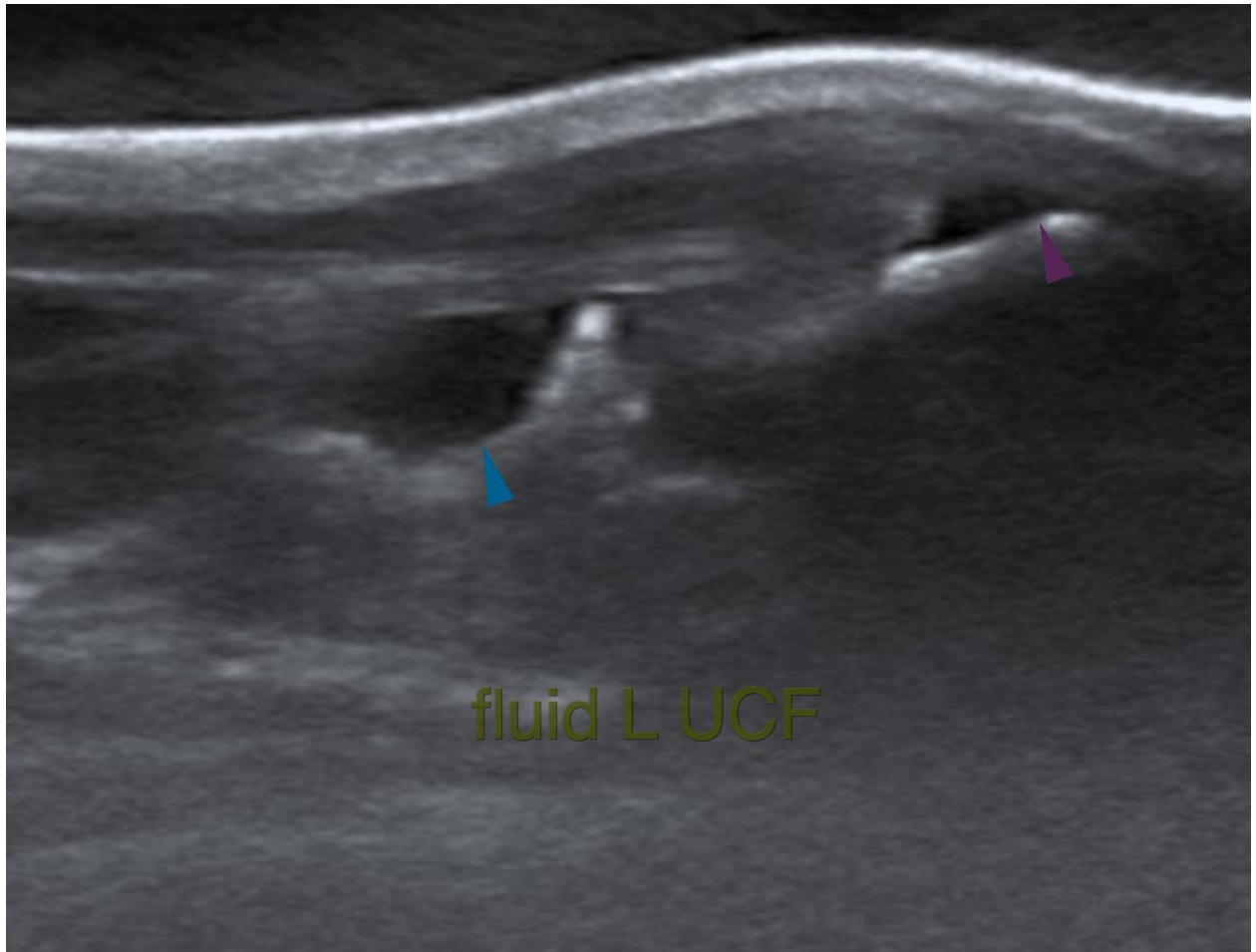
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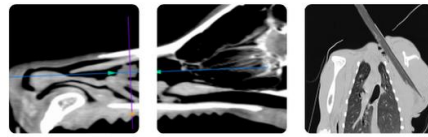
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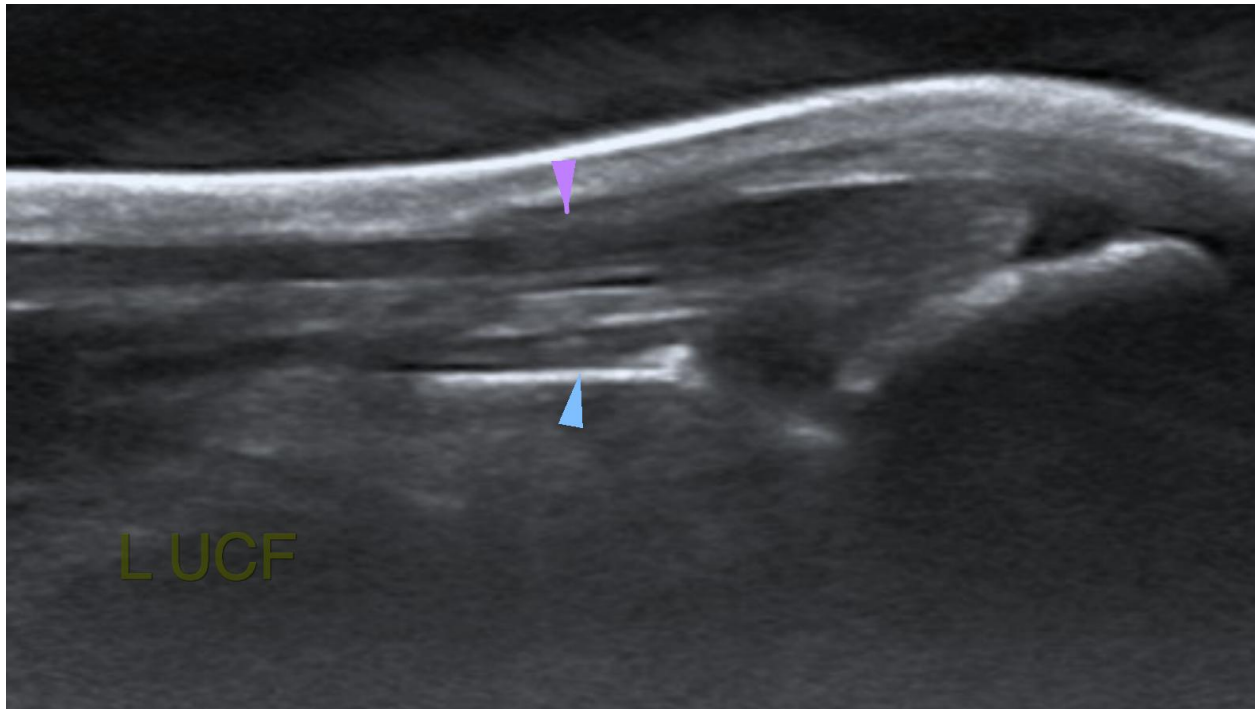
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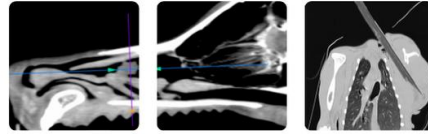
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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