



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Saylor Beardmore

SPECIES
Canine

BREED
Weimaraner

SEX
F

AGE
7 Months

PRESENTING CLINICAL SIGNS
Saylor, a 7 month old Female Weimaraner, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a left thoracic limb lameness. Saylor was initially noticed to be limping on the left thoracic leg on December 24, 2021, when Saylor was found with a swollen leg and feverish. Saylor was brought to emergency care. Saylor was started on several drugs, but is not currently on any medication. Saylor also started on laser and magnetic therapy, with no improvement in the last few weeks. Saylor has semi-regular vomiting (several times a week), often in the mornings, before eating. Normal EDUD; No diarrhea/sneezing/coughing. Saylor currently has 2 15 minute leash walks per day, but was previously much more active. Saylor has salmon oil with her food. Saylor was seen by Rockwood Veterinary Clinic and was started on prednisone with moderate improvement seen, most recently metacam and 10 days of clavseptin with moderate improvement. Saylor has had no previous history of lameness. Rads 1/17/21: Diagnosed with severe panosteitis and OCD, severe left forelimb atrophy. Concern for GI ulceration and septic joint (left elbow).

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS & ABDOMEN

From the shoulders through the paws - plain and post contrast studies in bone and soft tissue windows and plain and post contrast studies of the abdomen in bone and soft tissue windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Front Limbs

Severe atrophy of the left front limb musculature and bone is seen with reduced cortical bone width and reduced attenuation and reduced number of the trabeculae in the medullary cavities of the long bones in the left front limb.

Severe epiphyseal medullary bone sclerosis and brush bordered periosteal new bone formation is seen around the left elbow joint. There is severe articular swelling of the left elbow joint with pockets of fluid attenuating contrast sparing content and severe thickening of the elbow joint's synovium with synovial proliferations. Severe multifocal subchondral bone erosion with irregular narrowing and partial collapse of the joint spaces between the radius, ulnar, humeroulnar, and humeroradial joint spaces are seen. There is mild lateral subluxation of both the radius and ulnar. Typical fragmentation of the medial coronoid process or humeral condyle osteochondritis are not seen.

The right elbow presents within age related normal limits.

Both shoulders present within age related normal limits. No evidence of osteochondritis is seen.

The carpal joints are in situ without evidence of articular swelling, erosive changes, or new bone formation.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Lea Mehrkens

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DATE

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Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

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Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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Mild generalized thickening of the gastric wall is seen. An area of altered wall layering, perforation, or regional peritonitis is not present.

There is multifocal mild epigastric and mesenteric lymphadenomegaly.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe chronic erosive left elbow arthropathy with peripheral osteitis and periostitis.
- Severe disuse atrophy of the left front limb musculature and bone.
- Gastropathy with diffuse wall thickening.
- Epigastric and mesenteric lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT findings of the left elbow are compatible with severe chronic erosive arthropathy with septic arthritis being considered by far most likely with the pertinent CT findings. Immune mediated arthropathy cannot be ruled out entirely as a differential diagnosis however, this appears by far less likely. Final diagnosis by means of aspiration and analysis of synovia is recommended if not performed already.

REFERRING VET

Lea Mehrkens

The CT study of the abdomen reveals evidence of gastropathy with gastritis being considered by far the most likely differential diagnosis. A discreet ulcer, perforation, regional peritonitis, or mass cannot be identified. Correlate with the available ultrasonographic or endoscopic examination if applicable.

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The lymph node changes are suggestive for reactive or juvenile lymphadenitis.

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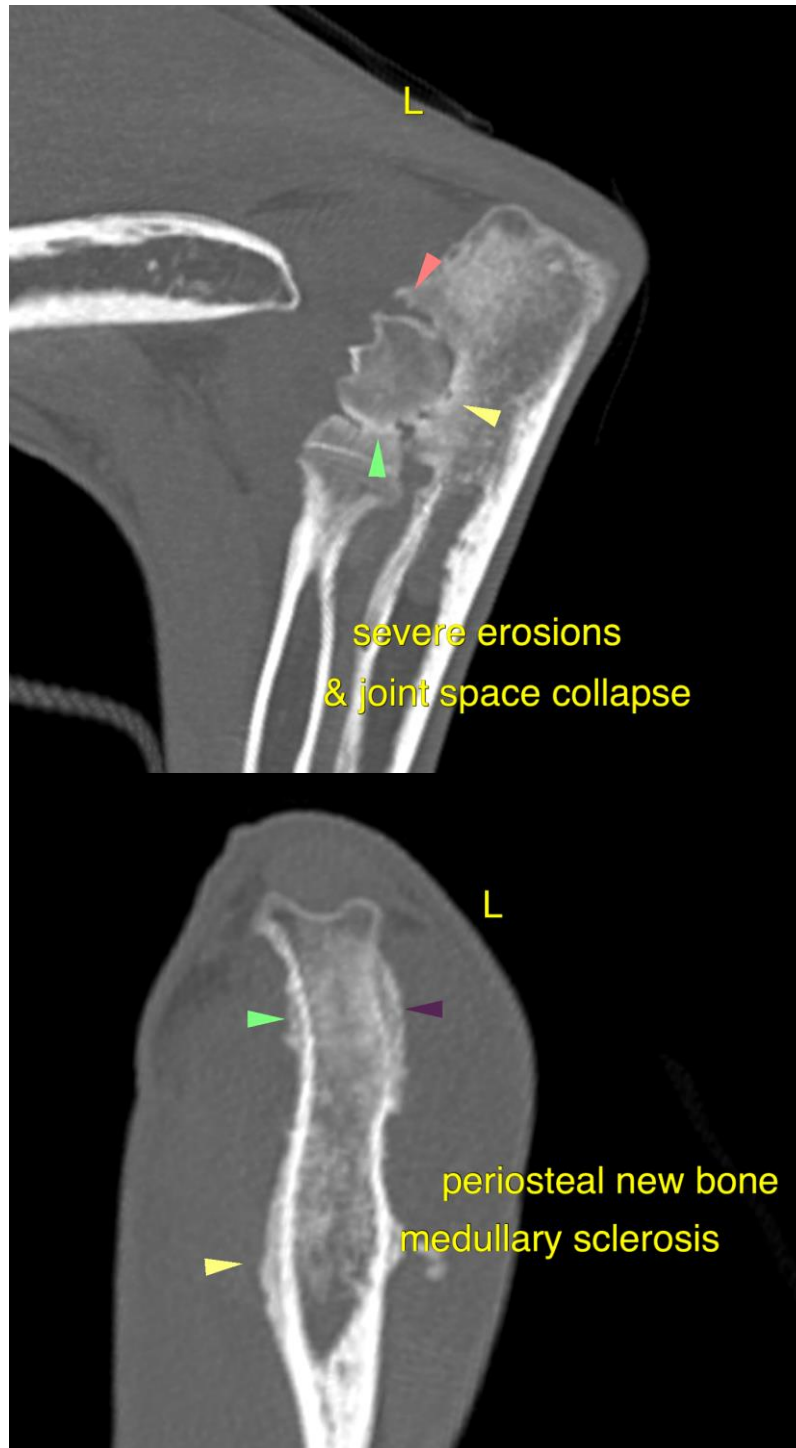
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Weimaraner

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