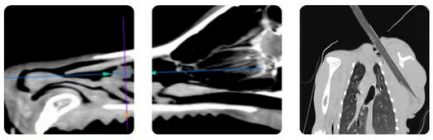

PATIENT

Hawk Couling

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

4yr

INTERPRETED BY

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

HOSPITAL NAME

Points East West VS

REFERRING VET

David Lane

INVOICE

24165

DATE

03/10/2026

PRESENTING CLINICAL SIGNS

- 6 month history of LHL lameness following exercise, that is progressive and intermitting non-weight bearing. Treatment of myofascial structures has improved lameness, but offloading at stance persists.
- On examination, the only remaining finding is a firm (when weight bearing) to flocculent (when not weight bearing peri-tarsal swelling L>R
- No tarsal pain could be elicited. Mildly reduced left tarsal flexion.
- Joint tap cytology is pending

RADIOGRAPHIC AND ULTRASONOGRAPHIC STUDY OF THE BILATERAL TARSI

RADIOGRAPHIC AND ULTRASONOGRAPHIC FINDINGS

LEFT

Severe articular swelling, joint effusion and synovial thickening of the left tarsal crural joint are seen. Moderate to severe periarticular osteophytes are present. Flattening of the plantar aspect of the medial ridge of the talus is seen with asymmetric joint space widening and concave subchondral bone defects surrounded by deep peripheral subchondral bone sclerosis. A mineralized dissecate is seen within the deep digital flexor tendon sheath which communicates with the tarsal crural joint. The size of the spherical main fragment is ~ 7 mm. Additional smaller partially mineralized fragments appear to be present. The ultrasound shows associated severe synovial swelling and effusion in the deep digital flexor tendon sheath. The deep digital flexor tendon itself presents within normal limits. New bone formation in the sustentaculum tali is present. The plantar ligament region shows extensive soft tissue swelling and new bone formation consistent with enthesophyte formation and dystrophic mineralization or small avulsion fragments.

RIGHT

Similar changes are present on the right side, less pronounced compared with the left. Moderate joint effusion and synovial swelling of the tarsal crural joint are present. There is a moderate amount of periarticular osteophyte. A subchondral bone defect of the medial ridge of the talus is present with deep peripheral sclerosis and asymmetric joint space widening. A mineralized dissecate is translocated into the deep digital flexor tendon sheath which presents moderate synovial thickening and moderate effusion. No involvement of the plantar ligament region is noted on the right side.

RADIOGRAPHIC AND ULTRASONOGRAPHIC DIAGNOSIS

- Bilateral chronic tarsal osteochondrosis dissecans affecting the medial talar ridges with subchondral bone defects and sclerosis
- Displaced mineralized dissecate in the deep digital flexor tendon sheath bilaterally, left larger and more than right
- Severe left tarsal joint effusion, synovitis and degenerative joint disease
- Moderate right tarsal effusion, synovitis and degenerative joint disease
- Chronic plantar ligament desmitis on the left tarsus

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

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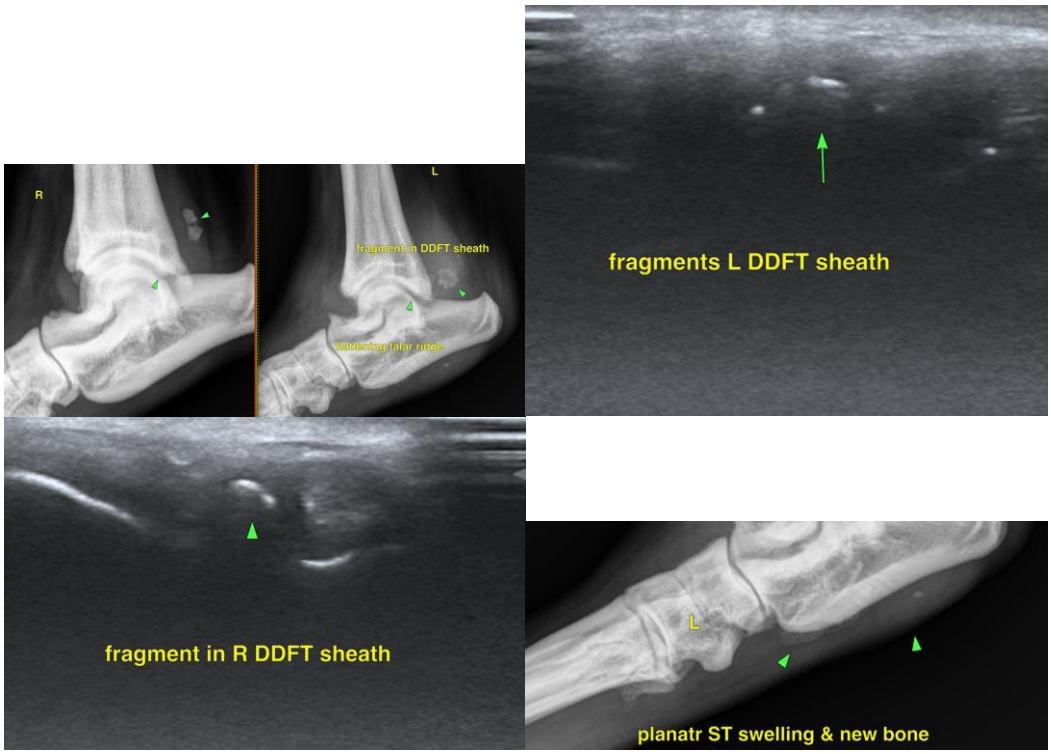
The imaging findings are consistent with chronic bilateral tarsal OCD with secondary osteoarthritis. The displaced mineralized fragments within the deep digital flexor tendon sheath suggest sheath communication with the joint and chronic inflammatory changes likely contributing to the persistent peri tarsal swelling pain and lameness. The left tarsus is more severely affected including involvement of the plantar ligament region explaining the more pronounced clinical signs on this limb.

Orthopedic surgical consultation for removal of the OCD fragments and debridement of the articular cartilage should be considered. The prognosis is guarded to fair depending on response to surgical intervention and management of chronic osteoarthritis and cartilage breakdown.



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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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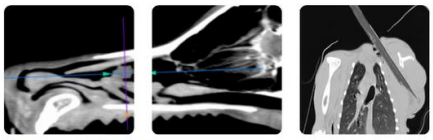

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