

**PATIENT**

Storm Kelley

PRESENTING CLINICAL SIGNS

Previous Hx of 3rd phalanx Fx on 2nd digit LF; had the P3 amputated; O reported that the 5th digit on the LF became elevated; she will sometimes limp on LF
Abnormal PE/Chem/CBC/UA Results: Seen a few weeks ago; the 2nd digit on LF was slightly sore; no pain on evaluation of the 5th digit LF which is elevated; 5th digit seems undersized

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT PAWS

Plain study available for review.

BREED

Mixed

COMPUTED TOMOGRAPHIC FINDINGSPatient has a history of amputation of the 3rd phalanx of the 2nd digit in the left front paw.**SEX**

MN

The 3rd phalanx has been removed completely. The osseous margins of the middle phalanx are even and smooth. Mild residual soft tissue swelling, and mild smooth new bone formation are seen.

AGE

2 Years, 8 Months

The metacarpal bone and phalanges of the 5th digit in the left front paw are reduced in length by approximately 30-35% each compared with the bones in the digit of the right front limb. No evidence of osseous injury is seen. There is no evidence of articular luxation or subluxation or traumatic osseous injury. Approximately 25 degrees dorsal angulation of the tip of the 5th digit is seen in the left front paw. The claw horn appears to be intact.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of amputation of the distal phalanx in the 2nd digit in the left front paw.
- Hypoplasia and dorsal angulation of the 5th digit in the left front paw.

HOSPITAL NAME

State Avenue Vet
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Congenital hypoplasia of the bones of the 5th digit appears to be present in the left front paw with reduced longitudinal growth by approximately 30-35%. No evidence of osseous or articular injury is seen. Soft tissue injury such as flexor tendon injury can be an underlying cause of the elevated position of the 5th digit. However, habitual adaptation of the position of the 5th digit secondary to altered load after amputation of the tip of the 2nd digit is a potential differential diagnosis as well.

REFERRING VET

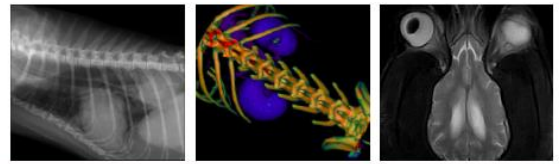
Dr Raul Casas-Dolz

INVOICE

57386

DATE

3-22-23



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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.

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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