



PATIENT

Annebelle Lomanto

SPECIES

Canine

BREED

English Setter

SEX

FS

AGE

5 Years, 11 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

EI

REFERRING VET

Leon Anderson, DVM

PRESENTING CLINICAL SIGNS

Last night around 9 pm they noticed Annabelle holding her paw up and not putting any weight on it. They felt down her leg and Annabelle reacted when they started to feel around her toes. The only thing Marie could think of was that they lowered there bed and maybe Annabelle jumped off wrong.

Abnormal PE/Chem/CBC/UA Results: Ambulatory X 4, RIGHT FRONT 4/5 LAME. PAIN ON MANIPULATION OF P2-3 ON D3 AND D4.

RADIOGRAPHIC STUDY OF THE FRONT PAWS

Mediolateral, neutral, and flexed, dorsopalmar and oblique views of both front paws totaling 11 images available for review.

RADIOGRAPHIC FINDINGS

No evidence of abnormal soft tissue swelling, foreign material, or osseous injury is noted in the digits of the right front paw.

Number, alignment, and general anatomy of the phalanges as well as the presentation of the metacarpophalangeal joints are considered within normal limits in both front paws.

The carpal joints present within normal limits.

Dirt artifact is seen between the digital pads 4 and 5 and along the distal contour of the main paw pad in the left front paw.

RADIOGRAPHIC DIAGNOSIS

- Normal osseous and articular anatomy of the phalanges in both front limbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is negative for osseous or articular injury in the digits of the right and left front limbs. Dirt artifact is noted between the pads of the left front paw. No evidence of foreign material is noted in the soft tissues of the right front paw. Presence of nonradiopaque foreign material, dermal or pad lesions, and other soft tissue injury and inflammation are potential considerations.

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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.

SPECIES

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Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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