

**PATIENT**

Mali Pasternack

SPECIES

Canine

BREED

Bernadoodle

SEX

FS

AGE

3

INTERPRETED BYNele Eley, DVM
Dr. med. Vet. DipECVDI**HOSPITAL NAME**Bergen County
Veterinary Center**REFERRING VET**

Dr. Halloran

INVOICE

51341

DATE

4-4-22

PRESENTING CLINICAL SIGNS

The patient has been on and off lame on the R pelvic limb for about 2 weeks. Today, she was non-weight bearing. In the clinic, the patient did not show obvious lameness when walking, could be seen bearing slightly more weight on the L pelvic limb when she stands. There is a pinpoint ulceration of the paw pad on the 4th digit R pelvic limb, but no increased pain on that aspect of the paw vs any of the other toes. Normal range of motion in the stifles, hips, and no pain elicited.

RADIOGRAPHIC STUDY OF THE PELVIS, STIFLES, TARSI, & HIND PAWS

Mediolateral and dorsoplantar views available for review.

RADIOGRAPHIC FINDINGS

Moderate soft tissue swelling is noted circumferential to the 4th digit in the right hind paw. There appears to be a defect in the lateral and distal aspect of the middle phalanx involving the distal articular surface. A small wedge shaped isolated bone piece is seen lateral of the defect. The remainder of the digits present within normal limits in both the left and right hind paws.

The bilateral coxofemoral, stifle, and tarsal joints present within age related normal limits. No evidence of osseous or articular injury is seen.

RADIOGRAPHIC DIAGNOSIS

- Suspect articular slab fracture of the distal interphalangeal joint of the 4th digit in the right hind paw with circumferential hematoma/cellulitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals an isolated bone piece lateral and plantar of the distal interphalangeal joint of the 4th digit. Differential diagnosis includes articular slab fracture, separate ossification center, and less likely foreign material. Correlate with the clinical history and findings.



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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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