


PATIENT PRESENTING CLINICAL SIGNS

Beretta Croce

Presented today to check ears, check rear left leg and possible vaccines. o brought p to groomers yesterday and groomers said p had black discharge in the ear canal. p got p back 2 days ago after 9 months of p being with sister in law. o says p was injured 7 years ago p was shot with previous owner and a plate with screws were put in o says p jumps and thinks one of the screws is coming out pushing through skin.

SPECIES

Canine

BREED

German Shepherd

SEX

Female

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
 CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU. AU: severe erythema, swelling (stenotic canals), moderate to severe amount of black exudate, unable to see TM. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: Intact female, had puppies last March Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Wire exposed at distal-medial aspect of L tibia. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

RADIOGRAPHIC STUDY OF THE LEFT TIBIA AND FIBULA
AGE

7 Years

Mediolateral and craniocaudal views available for review.

RADIOGRAPHIC FINDINGS
INTERPRETED BY

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

The patient has a history of open reduction and internal fixation of a distal tibial and presumably also fibular fracture with intramedullary pin and 3 wire cerclages. The fracture has healed. The distal wire cerclage presents a halo, which is accentuated in the caudal and lateral aspect. There appears to be a skin defect in the area of the wire knot of the most distal cerclage. Smooth new bone formation is seen bridging the tibia and fibula in the presumed prior fractured area. A moderate radiolucent halo is seen circumferential to the intramedullary pin. The intramedullary pin appears to be in place. The proximal tip of the intramedullary pin extends approximately 18 mm beyond the proximal contour of the tibia and is superimposed onto the distal pole of the patella. There appears to be new bone formation at the cranial margin of the pin. However, this may also be summation artifact with some other bone piece.

HOSPITAL NAME

DPC Vet Hospital

RADIOGRAPHIC DIAGNOSIS

- Healed tibiofibular fracture with tibiofibular synostosis.
- Implant loosening versus infection of the distal cerclage wire and intramedullary pin.

REFERRING VET

Dr. Rivera

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The fracture has healed completely and is in the remodeling phase. A halo is seen circumferential to the intramedullary pin and distal cerclage wire. The findings suggest potential for infection of the distal cerclage and potentially also of the intramedullary pin, and implant removal should be considered.

INVOICE

47192

DATE

5/4/23



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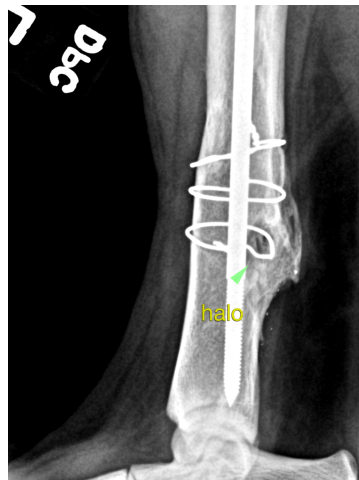
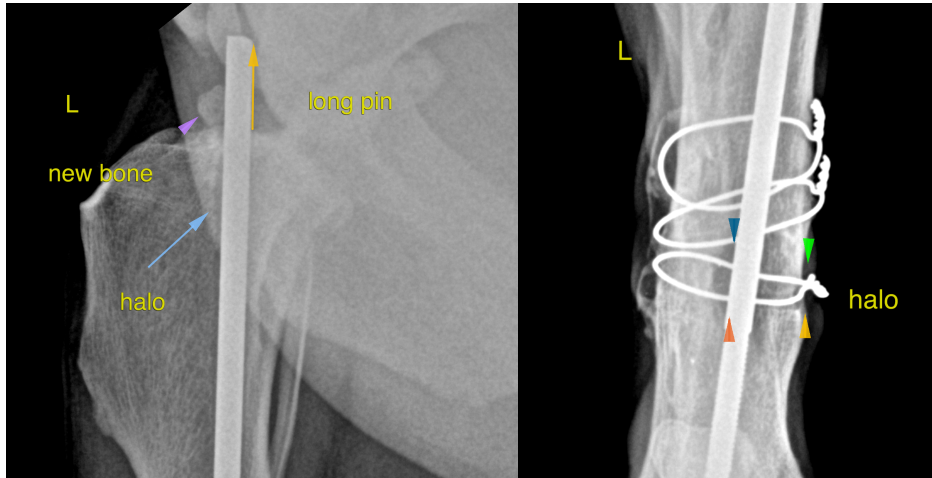
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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