



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Cosu McDonald

SPECIES
Canine

BREED
Greyhound

SEX
Male

AGE
3

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

Racing Greyhound. Hurt LHL a couple of months ago after performing badly. Seemed to be painful around left stifle but no fractures identified, possible effusion within stifle joint. Assumed soft tissue injury so dog was rested for a few weeks before training recommenced. On return to performing owners reported drop in performance and suspected change in gait attributed to a LHL injury. Dog seemed to have a subtle intermittent lameness after a run. Referred for CT scan here. No obvious soreness isolated in either hindlimb although some potential pain with stifle hyperextension. No cranial drawer present. radiographs taken pre CT possible showed slight increase in stifle effusion. Ct scan performed - pre and post IV contrast

COMPUTED TOMOGRAPHIC STUDY OF THE HIND LIMBS

Plain and post contrast studies from the lumbosacral junction and pelvis to the tarsal joints in bone and soft tissue windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals mild atrophy of the left hind limb musculature. Other than that, no structural abnormalities can be identified.

The bones of the hind limbs present within normal limits.

There is no abnormality of the coxofemoral joints, lumbosacral junction, sciatic nerve, iliopsoas muscle, gastrocnemius muscle, achilles tendon, or other musculotendinous structures recognized.

The stifle joints present within normal limits. There is no evidence of articular swelling in either of the stifle joints. See image below.

The tarsal joints present within normal limits as well.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild atrophy of the left hind limb musculature of undetermined origin.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

While the CT study reveals atrophy of the left hind limb musculature, which may be secondary to chronic disuse or neurogenic, the underlying cause remains unclear. Unfortunately, no structural abnormality of the bones and joints in the hind limbs and of the musculotendinous structures can be identified.

Soft tissue injury or inflammation still remains the most likely underlying cause of the patient's clinical signs and microstructural disease/early stage musculotendinopathy is something that can never be ruled out based on imaging entirely, which would be one potential explanation for the patient's clinical signs.

DATE

8-3-22

INVOICE

53248

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Chris Papantonio



PATIENT

Cosu McDonald

SPECIES

Canine

BREED

Greyhound

SEX

Male

AGE

3

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI



HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Chris Papantonio

INVOICE

53248

DATE

8-3-22

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.

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