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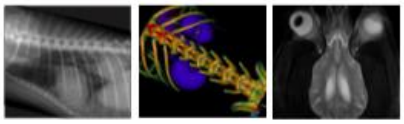

SonoPath Teleradiology

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DATE

9-12-22

PATIENT

Penny Harne

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

2 Years, 1 Month

INTERPRETED BY

Nele Ondreka, DVM
Dr. med. vet.,
DipECVDI

HOSPITAL NAME

Nexus Bone & Joint Center

REFERRING VET

David Dycus

INVOICE

54066

PRESENTING CLINICAL SIGNS

Penny presents today with an approximate 6-8 week history of a left hind limb lameness, off-loading, and tarsal swelling. Penny's owner reports no known incident of trauma associated with the onset of the clinical signs, but she is an active dog. The lameness has remained consistent since onset. It is exacerbated with activity or when Penny rises from a resting position. Penny was seen by her primary care veterinarian where radiographs were obtained and an orthopedic consultation was recommended. Penny currently receives Doxycycline (200mg twice daily). Penny was prescribed carprofen (75mg twice daily), but has since completed the prescribed course. Her owner reports an incision complication (abscess) at the time of her spay (about 1-yerar ago). Penny was reported to be otherwise healthy. At presentation, Penny had a mild to moderate (grade II-III/V) left hind limb lameness at the walk/trot. When standing she would off-load her left hind limb. Upon palpation, there was moderate soft tissue swelling/effusion surrounding the left hock (ankle); most notably on the cranio-medial and medial aspect of the joint. There was evidence of laxity in valgus stress with the left hock slightly flexed indicating possible damage to the short component of the MCL. There was no instability with the hock extended (when checking the long component of the MCL). The LCL and right hock were within normal limits. Mild to moderate discomfort was noted on direct palpation of the swelling. Both stifles palpated stable and comfortable (no tibial thrust, no cranial drawer). No patella luxation was noted in either stifle. No discomfort was noted upon hyperextension of the stifle joints. No iliopsoas (groin) discomfort was noted. Both hips had a good range of motion and were comfortable at hyperextension. Both shoulders and elbows were comfortable on palpation. There was no neck or back pain noted. The remainder of the orthopedic and neurologic examination was within normal limits. Penny is at an appropriate body condition at this time.

RADIOGRAPHIC STUDY OF THE TARSI

Dorsoplantar views of both tarsal joints totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

Left Tarsus

Moderate asymmetric widening of the medial tarsocrural joint space is seen. There is decreased subchondral bone opacity with peripheral sclerosis within the medial trochlear ridge of the talus. A moderate amount of palisading new bone is seen in the periarticular margins of the left tarsocrural joint. Moderate articular swelling is noted accentuating the medial aspect of the left tarsocrural joint.

A rounded 6mm sized isolated bone structure is seen distal to the medial malleolus of the left tibia.

Right Tarsus

Mild asymmetric widening of the medial joint space with mild flattening of the medial ridge of the trochlea of the talus is seen in the right tarsal joint. Mild articular swelling accentuating the medial aspect of the tarsocrural joint is seen as well as early periarticular bone remodeling.

A 3mm sized rounded ovoid bone piece is seen distal to the medial malleolus.

RADIOGRAPHIC DIAGNOSIS

- Suspect bilateral disturbed endochondral ossification of the medial trochlear ridge of the talus with moderate secondary osteoarthritic changes of the left tarsocrural joint and early degenerative joint disease of the right tarsocrural joint.
- Isolated bone pieces distal to the medial malleolus in both tarsocrural joints.

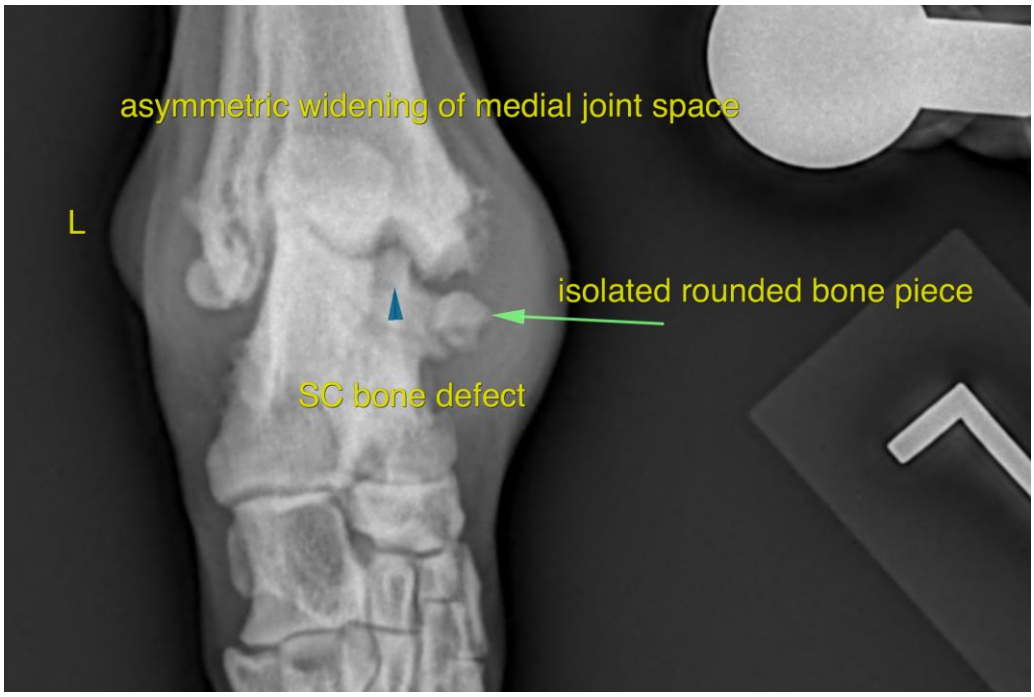
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes suggest osteochondritis of the medial trochlear ridge of the talus in both tarsocrural joints. The changes are more pronounced on the left side and concurred by moderate secondary osteoarthritis.

The isolated bone pieces distal to the medial malleolus in both tarsi may represent separate ossification centers as well as additional manifestations of disturbed endochondral ossification and may well be associated with desmitis, laxity, or (partial) disruption of the medial collateral ligament.

The presumed osteochondritis of the medial trochlear ridge of the talus, even though not entirely typical in presentation, appears to be the main issue. However, desmopathy of the medial collateral ligament may be a consequence of the malshaped medial malleoli with weakness in the medial collateral ligament compartment.

Stressed radiographs and CT could be considered in this patient in order to plan the surgical repair appropriately.



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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