



PATIENT

Snarf Lawrence

PRESENTING CLINICAL SIGNS

Lame on the left hind started about 2 weeks ago, no improvement with solensia or onsiar. Abnormal PE/Chem/CBC/UA Results: Sensitive on palpation of left hind but normal range of motion in all joints. No cranial drawer appreciated. Left hock feels thickened

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE STIFLE & TARSAL JOINTS

Radiographs of the stifle & tarsal joints in a mediolateral view are provided for review.

BREED

DSH

RADIOGRAPHIC FINDINGS

Both stifle joints present smooth osseous margins and there is no evidence of intracapsular soft tissue swelling of both stifle joints. A well-defined, roundish mineral opaque body (<2 mm, R>L) is superimposed on the cranial compartment of the stifle joints.

SEX

FS

A moderate soft tissue swelling is seen proximal to the left tuber calcanei, level with the common calcaneal tendon with multiple superimposed well-defined mineral opaque bodies. Enthesophyte formation is seen at the plantar aspect of the left tuber calcanei. The remainder of the osseous structures of the left tarsal joint are within normal limits. In the flexed position, there is increased flexion of the left tibiotarsal joint in comparison to the contralateral tarsal joint.

AGE

12 Years

The right tarsal joint presents without abnormalities of the osseous and surrounding soft tissue structures.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Soft tissue swelling region of the left common calcaneal tendon with dystrophic mineralization.
- Mild enthesophyte formation left tuber calcanei.
- Synovial osteochondromatosis versus meniscal mineralization stifle joints bilaterally – incidental

HOSPITAL NAME

Wellington Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue swelling with the dystrophic mineralization along the region of the left common calcaneal tendon is concerning for chronic tendinopathy - (partial) rupture of the common calcaneal tendon. The mineralization may present chronic avulsion fragments as well. Complementing workup by an ultrasound examination of the common calcaneal tendon would be ideal.

REFERRING VET

Dr. Liz Dennis

INVOICE

56214

DATE

1-17-23



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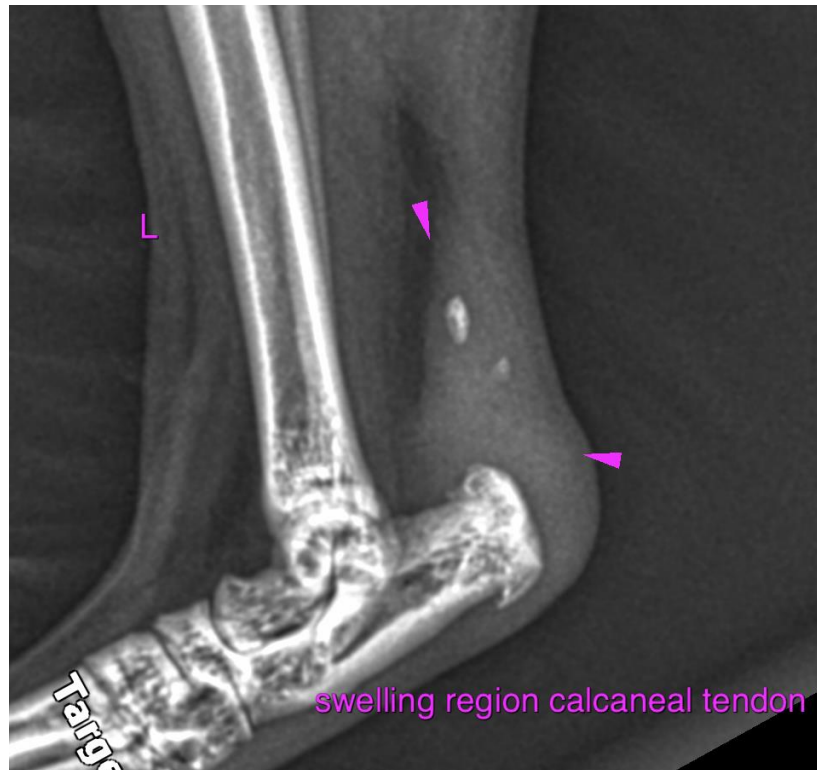
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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