



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Truman Smith

SPECIES
Canine

BREED
Beagle

SEX
CM

AGE
12 Years

Truman initially presented for limping on the left forelimb on 9/9/22. The owner reported that the dogs had been playing in the yard on 8/29 and he yelped and was limping the following day, however he has limped. Truman had been seen at Utah Pet Rehab for physical therapy and acupuncture but was not improving. They reported that the limping was worse after Truman was laying down. Radiographs showed a small osteophyte between P1 and P2 with soft tissue swelling along the medial aspect of P3. An FNA of a mass on the left lateral abdomen, associated with an incision, was consistent with a lipoma. Strict rest was recommended and Truman was started on tramadol. Truman presented for evaluation at Bark City on 9/29 for continued issues with his left front leg. On exam a painful "corn lesion" was noted on the digit pad of P3. Today the owner reports that they have been soaking Truman's left paw in epsom salts and putting CBD oil on his shoulder. His limping is currently much better but will come back quickly if he plays or turns wrong. Truman was previously diagnosed with a gall bladder mucocele, which has been monitored via intermittent blood work and ultrasound. At a visit to AVC in June 2022, an FNA was performed of a dermal mass over the dorsal thorax and cytology showed: mixed inflammation with spindle cell proliferation (well differentiated). Since then, that lump has completely resolved. A grade 1 soft tissue sarcoma with clean margins was previously removed from the left caudal thoracic wall in September 2021. No recurrence has been noted. Truman was diagnosed with ITP when he was about 5 years old. Immunosuppression led to a fungal infection in his left forelimb that required multiple reconstructive surgeries and a slow healing process that led to a scar over his left distal forelimb.

Abnormal PE/Chem/CBC/UA Results: PE: ****Musculoskeletal:**** Normal ambulation; hardening of the digit pad of P3 along the caudomedial aspect - non-painful; mild valgus of the distal left forelimb (owner reports this has been present for several years) ****Integument:**** Normal amount of shedding; skin looks normal; hair coat in good condition; old scar over the distal left forelimb Lab: Blood work is dated 9/14/22. CBC - PCV = 46%, WBC = 19,500, neutrophils = 17,550, lymphocytes = 780, monocytes = 975, platelets = 419,000. Chemistry - AST = 11, ALP = 146, all else normal. Urinalysis - USG = 1.010, pH = 7.0, negative protein, negative sediment. HW = negative. T4 = 1.3.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

A high resolution plain CT study of the shoulder and elbow joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulder joints present smooth osseous margins - but small cystoid depressions along the lateral aspect of the bicipital groove -and the surrounding soft tissue structures are within normal limits.

REFERRING VET

Greg Kuhlman

The right axillary and superficial cervical lymph node are prominent.

INVOICE

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The periarticular bones of both elbow joints present smooth osseous margins.

Proximal to the styloid process, the left ulnar distal metaphysis presents a well-defined geographic osteolytic lesion, perforating the cranial cortex of the ulna at the same level. The geographic osteolytic lesion is demarcated by a sclerotic rim.

DATE

10-11-22

The carpal joints present smooth osseous margins and without signs of soft tissue swelling.

All metacarpophalangeal joints and the interdigital joints of the right front paw present mild



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osteophyte new bone formation. The pad of the third phalanx of the left front paw is thickened and mild dystrophic mineralization is appreciated.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Swelling with dystrophic mineralization pad third digit left front limb
- Degenerative osteoarthritis metacarpophalangeal joints and interdigital joints phalanges left front limb
- Suspect small osseous cyst like lesion left distal ulnar metaphysis
- Small cyst like lesions lateral aspect bicipital groove shoulder joints bilaterally
- Mild lymphadenopathy right superficial cervical and right axillary lymph node
- Normal elbow joints

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

CM

The main finding of the current CT study of the front limbs appears to be the thickening/swelling of the pad of the third digit of the left front limb – rule out pad keratoma formation versus foreign body or given the clinical presentation unlikely neoplastic transformation.

The degenerative osteoarthritis of the interdigit and the metacarpophalangeal joints of the left front limb might contribute to clinical signs as well.

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The geographic osteolytic lesion of the left distal ulnar metaphysis presents without signs of biologically aggressive behavior – FNA sampling can be used to rule out malignant transformation.

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The small cystic lesions at the medial aspect of the greater are considered as a normal anatomic variant and are thought to represent vascular channels.

An ultrasound examination of the shoulder joint can be used to check for pathology of the bicipital tendon or rotator cuff injury.

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The prominent right superficial and axillary lymph node are suggestive for reactive hyperplasia – an underlying cause is not identified.

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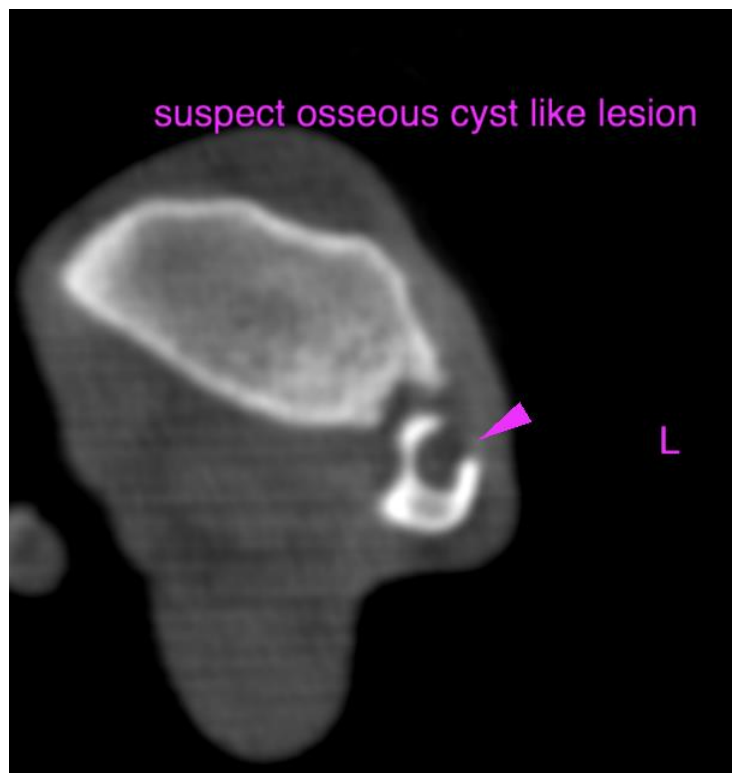
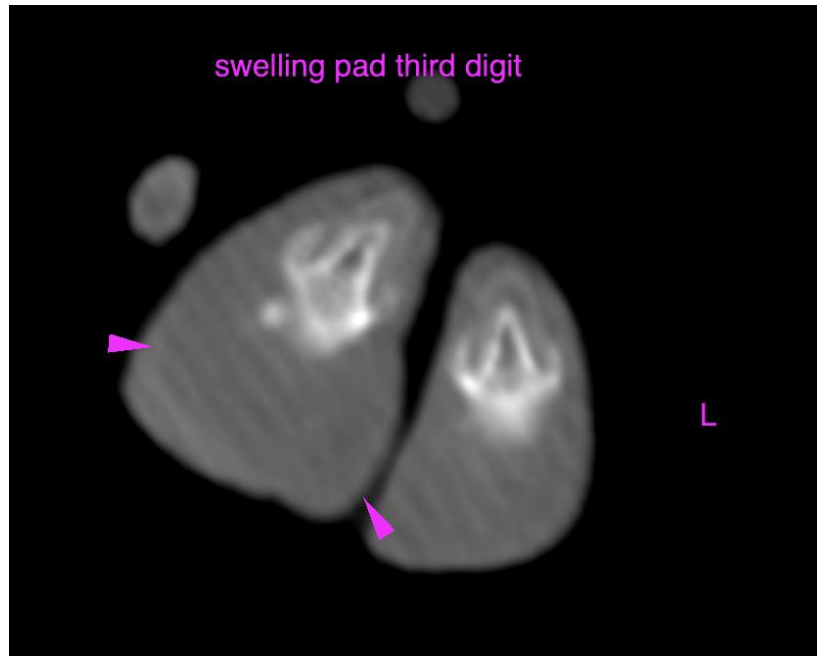
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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