



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Timber Benjamin
SPECIES Feline
BREED DSH
SEX Spayed Female

History: Limping on the left front paw started 9-17-21 was treated with Metacam oral and gabapentin. Owner came back in on recheck 9-23-21 still limping pain meds help but limp never went away CBC/ Super chem WNL. X-rays were taken showed hyper-plastic mineralization around the left carpal joint with soft tissue swelling. FNA was done and results came back as Lymphocytic infiltrate spoke to the pathologist and preformed at PARR(PCR) test, PARR assay did not show evidence of clonality in the sample which reduced significantly the suspicion for lymphoid neoplasia in the tissue. Called the pathologist back and spoke to them DDX were synovial cell sarcoma(can cross the joint), mycoplasma poly-arthritis, or feline progressive poly-arthritis.

Abnormal PE/Chem/CBC/UA Results:

RADIOGRAPHIC STUDY OF THE LEFT FRONT LIMB

Radiographs of the left carpal joint in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

AGE 14 Years
 A moderate homogeneous soft tissue swelling is seen at the dorsal and lateral aspect of the left carpal joint, extending distally up to the dorsal aspect of the metacarpal bones. At the axial aspect of the proximal segment of the fifth metacarpal bone, mild palisading periosteal new bone formation is noted.

The carpal bones are within normal limits.

RADIOGRAPHIC DIAGNOSIS

- Periarticular soft tissue swelling dorsal&lateral aspect left carpal joint
- Mild immature periosteal new bone formation proximal segment fifth left metacarpal bone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are fitting the history of swelling at the dorsal and lateral aspect of the left carpal joint and metacarpal region with evidence of mild immature periosteal new one formation at the fifth metacarpal bone level with the swelling. The swelling appears to be extracapsular of the carpal joint and the extend distally level with the metacarpal bones is decreasing the odds for primary pathology of the carpal joint, ultrasound may be used to rule in/out joint effusion. Unfortunately, the findings are not specific and inflammation, trauma or neoplasia are potentials here with secondary reactive periostitis. Try FNA sampling level with the periosteal new bone formation as well.

INVOICE

13895

DATE

10/20/21

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Keefe



PATIENT

Timber Benjamin

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Spayed Female



AGE

14 Years

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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