



PATIENT

Dexter Niewinski

PRESENTING CLINICAL SIGNS

Dexter presented for swollen joints both front legs of 1 month duration. Medial carpal swelling rule out ischemic necrosis of the bone versus exostosis

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE CARPAL JOINTS

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

BREED

German Shepherd

RADIOGRAPHIC FINDINGS

At the cranioproximal aspect of the distal radial metaphysis bilaterally, level with the groove of the abductor pollicis longus muscle, a moderate to marked soft tissue swelling is seen. Very mild solid periosteal new bone formation is seen at the dorsal aspect of the right distal metaphysis of the radius. The radius bilaterally has a normal trabecular pattern.

SEX

Male

Both carpal joints present smooth osseous margins and without evidence of articular swelling.

AGE

1 Year

- Soft tissue swelling region of the abductor pollicis longus muscle, R>L

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings fit the history of a soft tissue swelling dorsal to the right radius and due to its proximity to the groove of the abductor pollicis longus muscle, a tenosynovitis of the abductor pollicis longus muscle bilaterally is a potential. However, soft tissue inflammation of other origin (e.g. foreign body) or neoplasia (unlikely) are potentials as well.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical
Center

An ultrasound examination can be used to check for filling of the tendon sheath of the pollicis longus tendon. Tapping the soft tissue swelling as well as the right carpal joint is recommended. Depending on results of advanced diagnostic test, immobilization and glucocorticoid injection may be tried as initial treatment options for tenosynovitis of the abductor pollicis longus muscle.

REFERRING VET

Dr. T. Infernuso

INVOICE

48795

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12-3-21





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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.

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