



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Baxter Veloso presented for angular deformity of both forelimbs. He appears to be comfortable and no obvious lameness is noticed aside from his gait being more awkward than other dogs. He has the tendency to lay down and not sit. The left is reported to be worse than the right. He is currently not exercise restricted. The following findings were reported by his regular veterinarian: Left front - valgus deformity at the carpus, moderate carpal hyperextension, crepitus in carpus. Right front - proximal limb is abducted at the shoulder/elbow area when standing. Moderate subjective carpal hyperextension. Bloodwork was performed in December 2022 which was unremarkable. Radiographs were performed on the forelimbs in Turkey. Baxter's previous history is unknown, as he is an adopted stray from Turkey. He has a reported umbilical hernia. Baxter current medications none. Baxter is currently eating kibble, with no history of allergies. Baxter is UTD on vaccines.

SPECIES Canine

BREED Mix Breed Small

SEX MN

AGE 2 Years

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME Animal Health Partners

REFERRING VET Dr. Jeffery Biskup

INVOICE 56863

DATE 2-21-23

Abnormal PE/Chem/CBC/UA Results: forelimbs: No digital crepitus or pain. No carpal effusion, normal range of motion. Angular limb deformity of the both forelimbs, worse on the left. External rotation of the antebrachium and valgus of the carpus noted. Full range of motion of elbow, with pain on Campbell's test bilaterally (worse on left forelimb).

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

A plain CT study of the front limbs in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulder joints present smooth osseous margins and the surrounding soft tissue structures are within normal limits.

The periarticular bones of both elbow joints have smooth osseous margins, the joint space is congruent and the surrounding soft tissue structures along the elbow joints are within normal limits.

New bone formation is seen along the attachment site of the interosseous ligament between radius and ulna bilaterally.

The left radius has a mild procurvatum conformation in comparison to the right side and a mild caudal axial deviation of approximately 17° is noted. The right antebrachium presents a mild caudal axial deviation of approximately 10°.

A moderate periarticular soft tissue swelling is appreciated along both carpal joints. The periarticular bones of the carpal joints present mild osteophyte new bone formation. The synovial fossa of the intermedioradial carpal bone are prominent, L>R. Exorotation of the carpal joints bilaterally is seen.

The osseous and soft tissue structures of the front paws present without abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild procurvatum conformation left radius
- Mild caudal axial deviation of the antebrachium bilaterally, L 17° & R 10°
- Mild articular swelling carpal joints, R>L
- Mild degenerative osteoarthritis carpal joints
- Enthesophyte formation interosseous ligament antebrachium bilaterally
- Normal shoulder & elbow joints bilaterally



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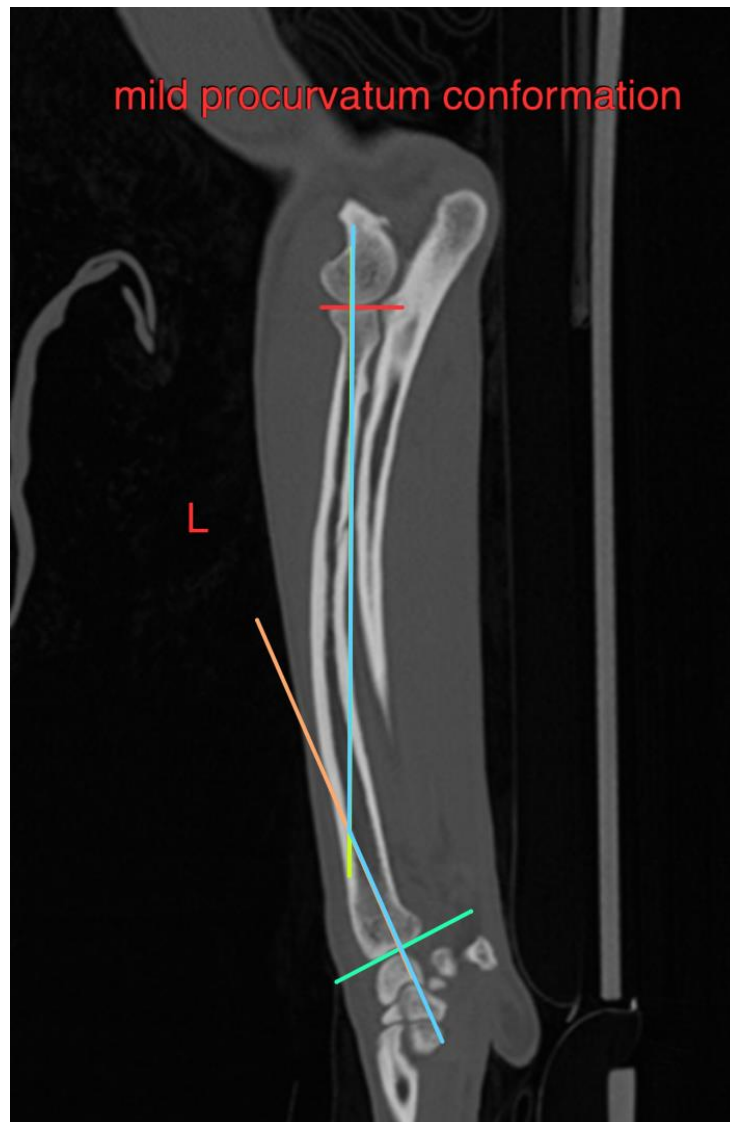
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is mild caudal deviation of the distal segment of the antebrachium as a plausible source of the clinically appreciated limb deformity and carpus valgus. Secondary articular swelling of the carpal joints – can be due to chronic degenerative joint disease, trauma, arthritis – and mild degenerative changes along the carpal joints. Stressed radiographs of the carpal joints can be used to screen for instability/increased laxity and a synovial tap would be beneficial to rule out arthritis.





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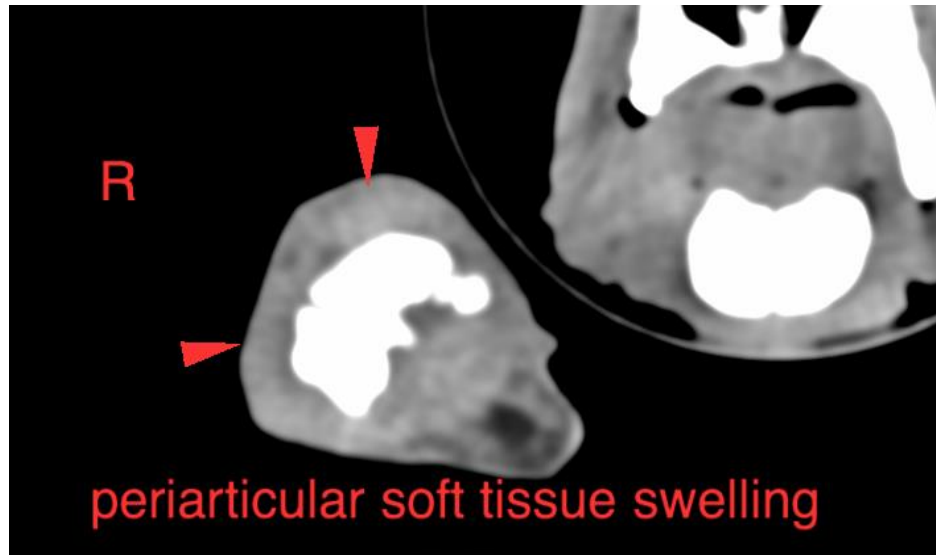
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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