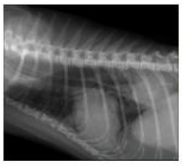
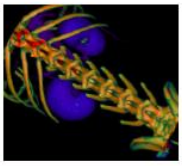
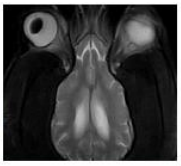




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lexi Miner

SPECIES

Canine

BREED

Bouvier De Flandres

SEX

Spayed Female

AGE

11 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Meaux

INVOICE

56607

DATE

2-7-23

PRESENTING CLINICAL SIGNS

Intermittent lameness Left front leg (radiologist unable to determine if there was a previous fracture); acute onset of weakness in bilateral hind limbs. Healing small wound/laceration on the pad of the 2nd digit of the Left forepaw.

COMPUTED TOMOGRAPHY OF THE CERVICAL THORACIC & LUMBAR SPINE, FRONT LIMBS, AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Spine

The intervertebral disc space C6/C7 is moderately narrowed, and the respective vertebral endplates present mild spondylosis formation.

Mild spondylosis formation is seen along the vertebral endplates T4/T5.

The intervertebral discs T12/T13 and T13/L1 are mildly bulging into the vertebral canal, distorting the ventral epidural space.

The intervertebral disc L6/L7 and L7/S1 are protruding into the vertebral canal, occupying approximately up to 60% of the cross-sectional area of the vertebral canal at the same level; the caudal equina fibers level L6/L7 and L7/S1 are mildly deviated dorsally.

Front limbs

The periarticular bones of both shoulder joints present moderate osteophyte new formation. Along the caudal aspect of the joint capsule of both shoulder joints, multiple well-defined, ovoidal shaped bodies are appreciated, measuring up to 9 x 5 x 11 mm in size.

The periarticular bones of the left elbow joint present mild osteophyte new bone formation. The medial coronoid process of the left elbow joint is well-defined and has a homogeneous density.

The medial coronoid process of the right elbow joint has a mild decreased density of the tip. The osseous margins of the right elbow joint are smooth.

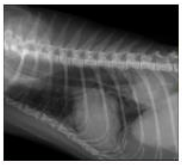
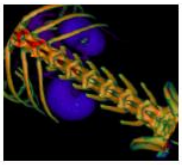
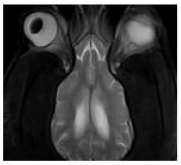
The periarticular bones of the left carpal joint present moderate osteophyte new bone formation. The left carpus presents with a moderate intracapsular soft tissue swelling. The periarticular bones of the right carpal joint present mild osteophyte new bone formation.

The distal third of the diaphysis of the fourth left metacarpal bone presents a transverse fracture with rounded margins and moderate mineralizing callus formation.

The metacarpophalangeal joints of the second to fifth phalanx of both front paws present advanced osteophyte new bone formation.

Abdomen

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is within normal limits for size and shape. The splenic parenchyma is uniform soft tissue attenuating and has a mild heterogeneous contrast enhancement pattern with mild hyperattenuating zones – most accentuated in the cranial extremity of the spleen.

The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The periarticular bones of the coxofemoral joints present moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic traumatic transverse fracture 4th metacarpal bone left front limb – in reparation phase
- Advanced degenerative osteoarthrosis left carpal joint with articular swelling
- Degenerative osteoarthrosis left elbow joint
- Degenerative osteoarthrosis shoulder joints bilaterally with synovial osteochondromatosis
- Degenerative osteoarthrosis metacarpophalangeal joints second to fifth phalanx front limbs bilaterally
- Possible coronoid disease right elbow joint without signs of degenerative joint disease
- Intervertebral disc protrusion L6/L7 and L7/S1 with potential dynamic compression of the cauda equina fibers
- Chronic discopathy C6/C7 without compressive myelopathy
- Heterogeneous contrast enhancement pattern of the spleen
- Mild degenerative osteoarthrosis coxofemoral joints bilaterally
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The fractured fourth metacarpal bone of the left front paw is a plausible explanation for recent left front limb lameness. The left shoulder joint, left elbow joint and left carpal joint present signs of degenerative joint disease that might contribute to lameness as well (e.g. acute on chronic insult). The articular swelling of the left carpus is considered as a sequela to chronic degenerative joint disease with synovialitis/fibrosis of the joint capsule and effusion; if there is strong suspicion for arthritis a synovial tap might be considered as advanced diagnostic test.

No specific abnormality along the spine is appreciated, explaining the hind limb weakness. If there is strong suspicion for myelopathy, recommend complementing workup by a myelographic CT study or MRI study of the spine. The appreciated intervertebral disc protrusions L6/L7 and L7/S1 can be a source for pain but should not be associated with neurological deficits.

The heterogeneous contrast enhancement pattern of the spleen is suggestive for nodular (lymphoid) hyperplasia or extramedullary hematopoiesis. FNA sampling of the spleen can be considered if there is suspicion for diffuse malignant infiltrative disease.

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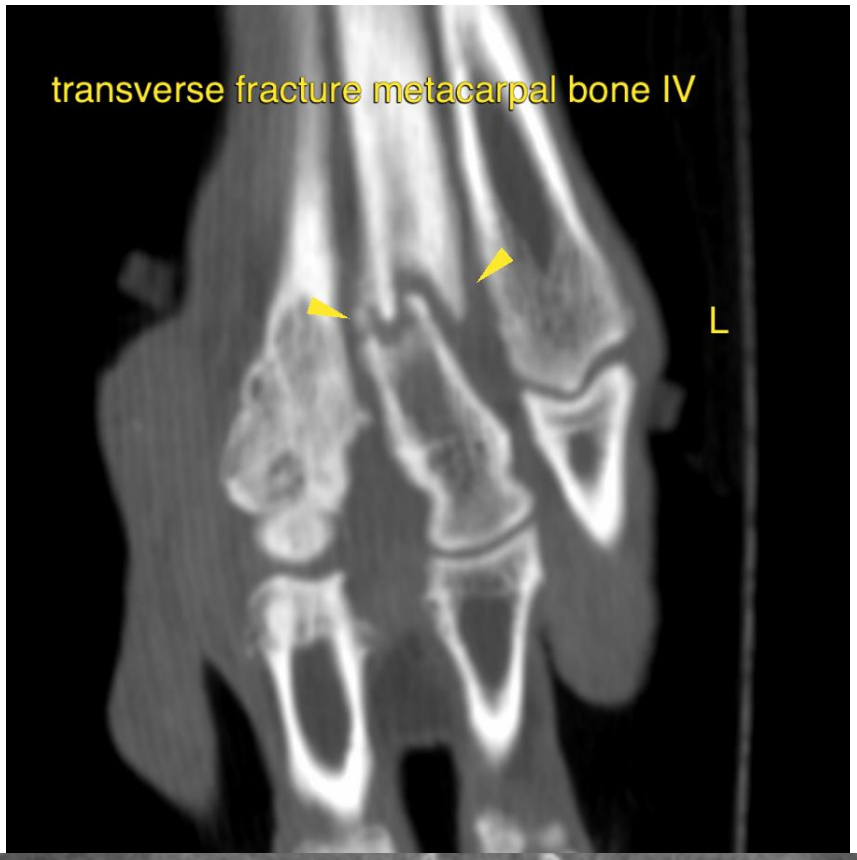

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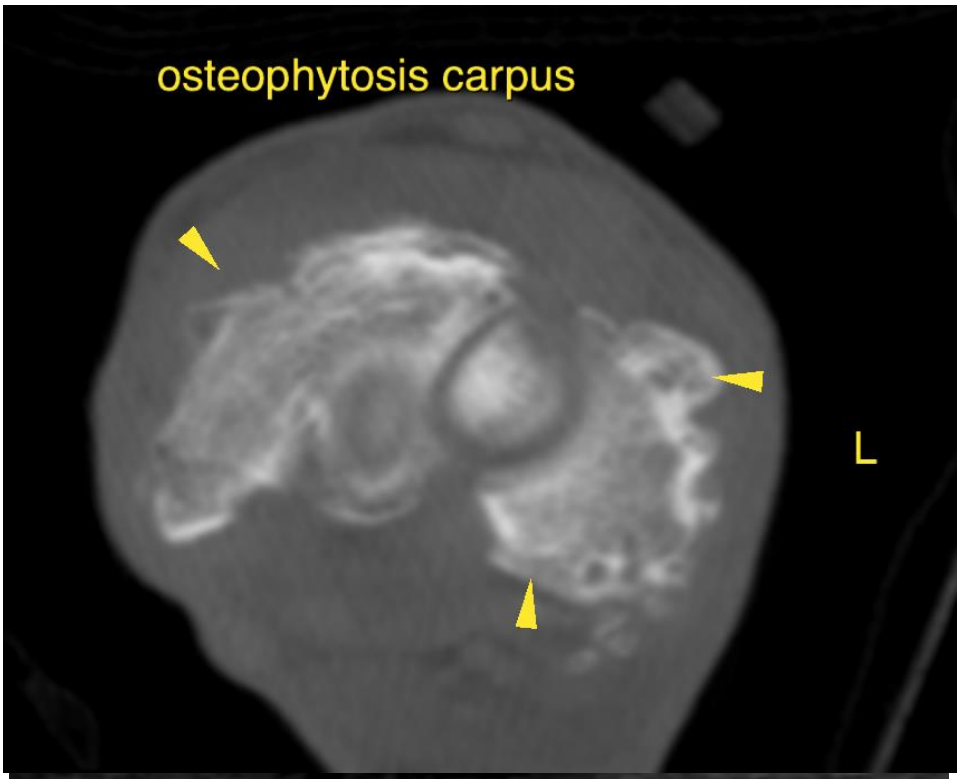

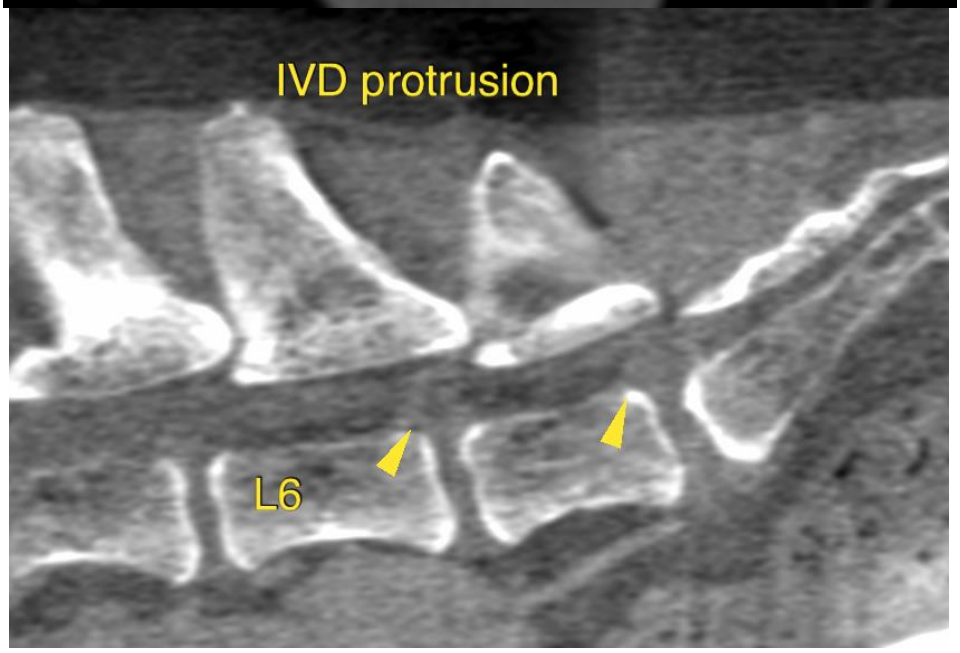

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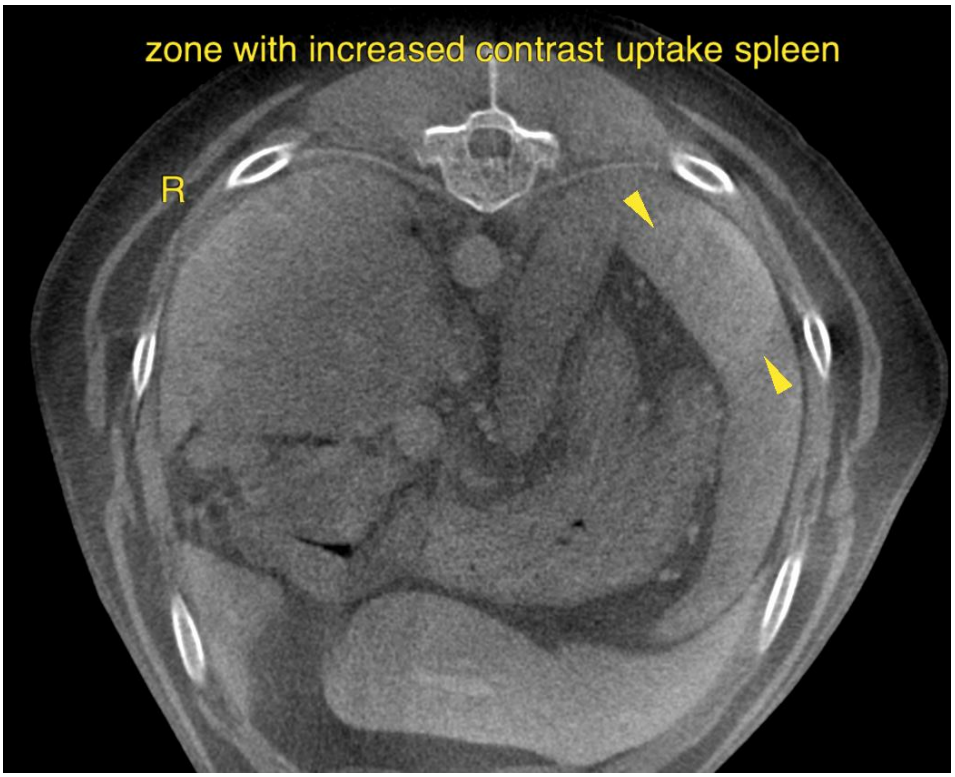

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com