



PATIENT PRESENTING CLINICAL SIGNS

Grace Cunningham Reason for Visit: check front legs History: 12 year 5 month spayed female presented today to check front legs. p has history of arthritis that has been progressively getting worse per o. p was walking up stairs yesterday and o noticed p may have stepped wrong or sprained something p is not weight bearing on that leg o has been having to use a harness to help p walk and use bathroom. p had not energy last night but has more energy this morning. p did have loose stool this am o says from stress but has been normal prior

SPECIES Canine

BREED Pitbull Mix

SEX SF

AGE 12 Years, 5 Months

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

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; nuclear sclerosis OU; clean no debris AU; No cough on tracheal palpation. Oral Cavity: mod dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. ~6 SQ soft SQ mass R ventral abdomen. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen Uro/Perineum: N Musculoskeletal: Ambulatory x3, NWB lame LF. Pain on flexion of L carpus which is moderately swollen. Crepitus in all toes and hock on LH. Stiff gait. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: LF carpus rads, NSAID chem, HWT Declined Diagnostics/Treatments: Findings: rads - consult pending NSAID Chem - HWT - negative Assessment: LF lameness r/o trauma, soft tissue vs boney injury, other nuclear sclerosis multifocal OA dental tartar SQ mass Treatment Plan: meds TGH, give Gaba BID for next 2 weeks, exercise restriction and rest for next 2 weeks Treatment Declined: Prescriptions to Dispense: Rimadyl Dietary (food) Recommendations: Recheck Needed: PRN for lameness Follow-up Care: Additional Comments: Discussed PE with O. Recommended NSAID chem for baseline. P needs the medication so will send Rimadyl anyway, informed O that it may affect the kidneys and liver. Discussed with O that with impaired liver function, P may take longer to process the medication we give her. Discussed the ALKP comes from other places in the body as well. Discussed that if P does well on Rimadyl, it can be given longterm for her arthritis.

RADIOGRAPHIC STUDY OF THE CARPAL JOINTS

HOSPITAL NAME DPC Veterinary Hospital

Radiographs of the left carpal joint in two orthogonal imaging planes and a dorsopalmar projection of the right elbow joint are provided for review.

RADIOGRAPHIC FINDINGS

REFERRING VET Dr. White

At the dorsomedial aspect of the distal metaphysis/epiphysis of the left radius – in the region of the groove of the abductor pollicis longus muscle – a homogeneous soft tissue swelling is appreciated. At the medial aspect of the groove of the groove of the abductor pollicis longus muscle of the left radius, an isolated mineral opaque body is noted, measuring 3.6 x 3.0 mm. In the mediolateral projection mild new bone formation is noted along the dorsal aspect of the distal radius.

The left antebrachiocarpal joint presents a circumferential homogeneous soft tissue swelling. The osseous structures of the left carpus present without abnormalities.

INVOICE

58044

RADIOGRAPHIC DIAGNOSIS

- Soft tissue swelling region of the groove left abductor pollicis longus muscle with a mineralized body
- Suspect articular swelling left antebrachiocarpal joint

DATE

4-30-23



PATIENT

Grace Cunningham

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A tenosynovitis of the left abductor pollicis longus muscle with dystrophic mineralization is considered most likely here. Acute on chronic insult may have caused the recent onset of lameness. A potential for the mineralized body is avulsion fragment, but in the respective region there is no attachment site of muscles or ligaments. An ultrasound examination can be used to check for filling of the tendon sheath of the pollicis longus tendon and checking the position of the mineralized body. 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. A synovial tap of the left antebrachioarpal joint can be performed to check for accompanying arthritis.

SPECIES

Canine

BREED

Pitbull Mix

The current radiographic study presents no signs for underlying biologically aggressive disease.

SEX

SF

AGE

12 Years, 5 Months

INTERPRETED BY

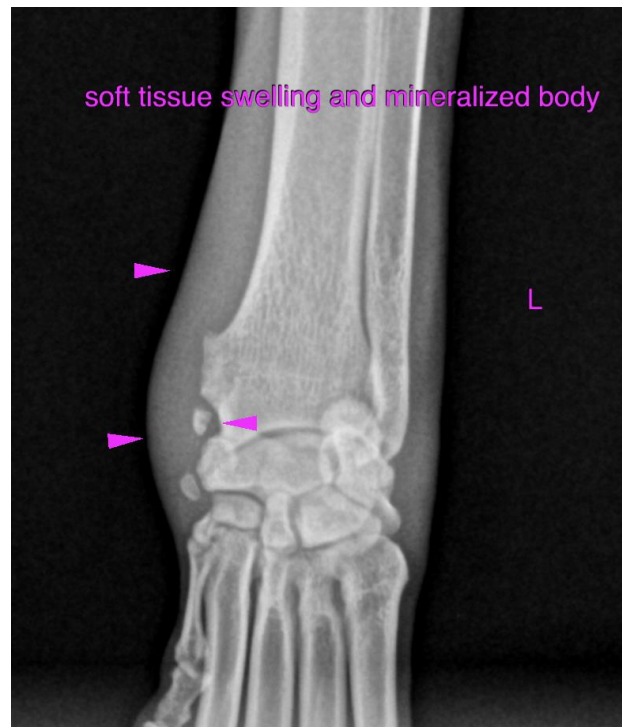
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White



INVOICE

58044

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.

DATE

4-30-23

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