



PATIENT

Stumpy McMenamini

PRESENTING CLINICAL SIGNS

Racing greyhound. Injured left carpus approximately 6-7 months ago and rested. Xrays taken at the time were considered normal. Attempted to start back into work in Dec and went lame after a run again. Lameness lasts for 3-4 days post run. In Dec following second episode of lameness referring vet gave mesenchymal stem cell injection into left carpal joint and again rested for 3 months this time. Started back into work and went lame post run - again lameness lasts for 3-4 days. On exam no obvious lameness at walk or trot, Left carpus has reduced ROM compared with right carpus. No pain isolated with left carpal manipulation. Subjectively left carpus feels more thickened compared with right. Ct scan performed of both carpi. Suspect small chip fracture to accessory carpal bone - ventro medially and also small chip fracture to distal ulna dorsomedially.

SPECIES

Canine

BREED

Greyhound

COMPUTED TOMOGRAPHY OF THE CARPAL JOINTS/FRONT PAWS

A high resolution plain CT study of the carpal joints/front paws is provided for review.

SEX

Female

COMPUTED TOMOGRAPHIC FINDINGS

At the dorsomedial aspect of the styloid process of the right ulna, small (<0.5 mm) mineral attenuating roundish bodies are visible.

AGE

2

At the mediolateral aspect of the base of the accessory carpal bone, a small isolated chip fragment is seen, measuring 5.0 x 1.9 x 2.7 mm in size.

The remainder of the osseous and surrounding soft tissue structures of both carpal joints are within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Possible fragmentation mediolateral aspect styloid process left ulna
- Chronic non-displaced chip fracture base of left accessory carpal bone

HOSPITAL NAME

Colyton Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is supporting the diagnosis of potential fragmentation of the mediolateral aspect of the styloid process of the left ulna and chip fracture of the accessory carpal bone. Discussing potential (likely conservative) treatment options with orthopedic specialist is recommended.

REFERRING VET

Chris Papantonio

INVOICE

51888

DATE

5-3-22



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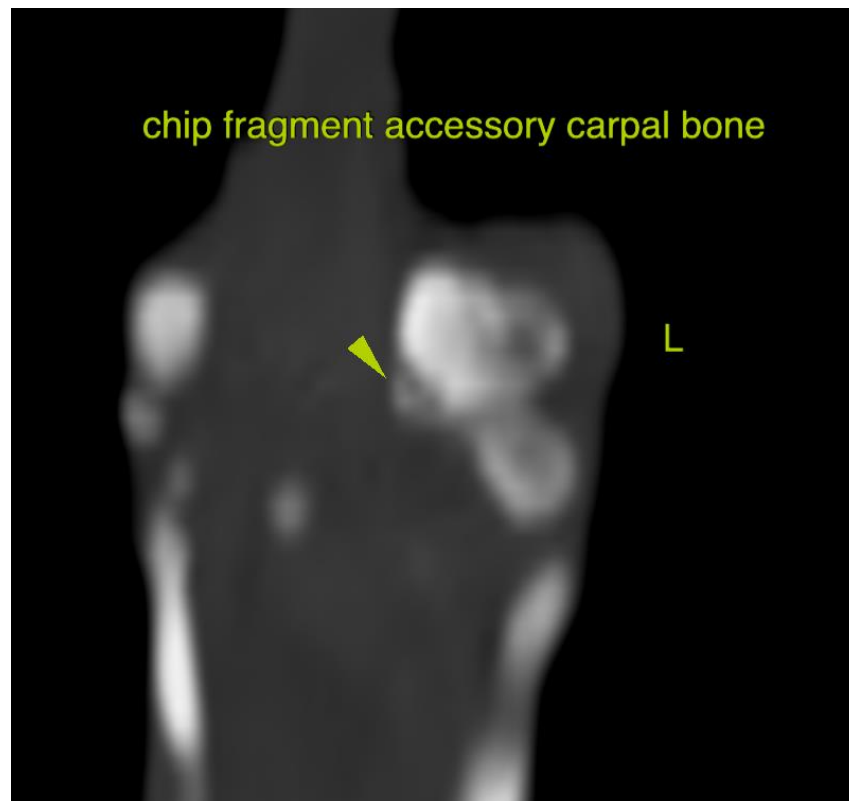
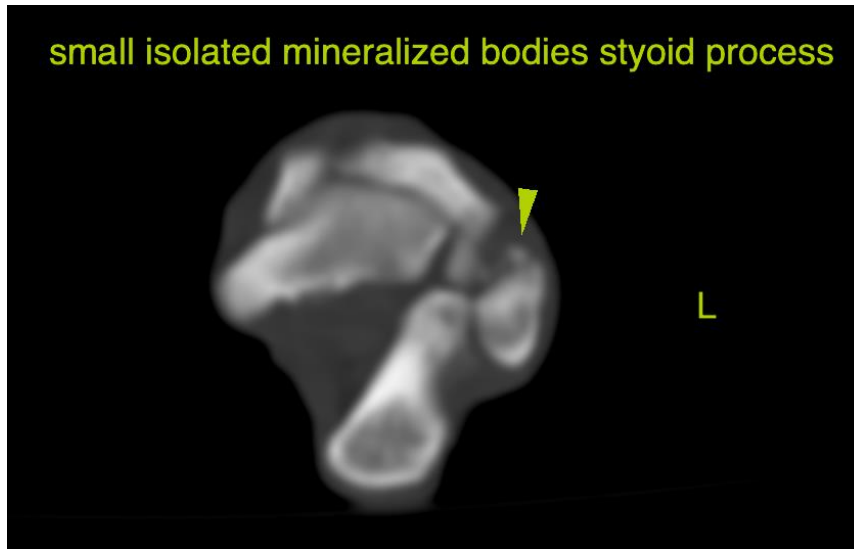
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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