



**PATIENT**

Muneca Irizarry

**PRESENTING CLINICAL SIGNS**

7YR OLD SF MINITURE SCHNAUZER PRESENTED FOR LIMPING. LEFT FRONT LEG LIFTED. P NORMALLY SITS UP ON DINING ROOM CHAIRS. DAY BEOFORE YESTERDAY P JUMPED OFF CHAIR AND HAS BEEN PROGRESIVLY LIMPING SINCE. YESTERDAY P DIDNT EAT AT ALL LOOKED VERY UNCOMFORTBLE HARD FOR HER TO GO TO THE BATHROOM. PAW HURTS TO TOUCH. O THINKS THAT P COULD HAVE INJURED A TOE NAIL.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Key -- (N= Normal, A= Abnormal) Hydration: Euhydrated Mentation: BAR, nervous but was good for physical exam with O in the room EENT: Clear eyes OU, clean ears AU; no nasal discharge; no cough on tracheal palpation Oral Cavity: Moderate dental tartar Lymph Nodes: WNL Skin: Smooth soft hair coat with no external parasites noted CV/Respiratory: Clear BV sounds throughout all lung fields. No murmur or arrhythmia appreciated Abd/GI: Soft, non-tense abdomen with no masses or organomegaly appreciated Uro/Perineum: Externally normal spayed female Musculoskeletal: Digit 4 on L front paw --> intermittent non-weight bearing, 4th digit has mild amount of blood at base of nail (nail is black); not able to see any cracks in the nail Neurological: Brief neuro exam - NSF

**BREED**

Mini Schnauzer

**SEX**

SF

**RADIOGRAPHIC STUDY OF THE FRONT PAWS**

Radiographs of the left front paw in a dorsopalmar and mediolateral view are provided for review.

**AGE**

7 Years, 1 Month

**RADIOGRAPHIC FINDINGS**

The third digit of the left front paw presents with a moderate circumferential, homogeneous soft tissue swelling. The osseous structures of the respective digit and the remainder of the left front paw are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Moderate soft tissue swelling third phalanx left front paw

**HOSPITAL NAME**

DPC Veterinary Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The swelling of the third digit of the left front paw is not specific and can be inflammatory (e.g. onychitis, migrating foreign body), traumatic or neoplastic (e.g. melanoma, squamous cell carcinoma) in origin.

**REFERRING VET**

Dr. Stawinski

**INVOICE**

52307

**DATE**

6-4-22



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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.

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