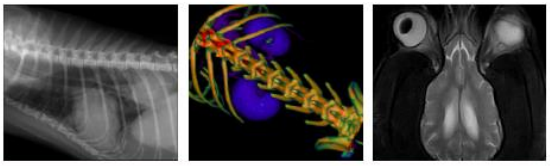
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Mason Frazao

SPECIES

Canine

BREED

Lab X

SEX

MN

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

53578

DATE

8-18-22

PRESENTING CLINICAL SIGNS

Mason presented for evaluation of a R FL lamness. The lameness was initially noticed after jumping off a truck about 3-4 months ago. Limb radiographs and bloodwork was done as well as joint taps (CT scan was attempted but there were technical issues). Mason has had no previous medical history other than weight management. Mason current medications metacam dispensed at 50kg SID. Mason is currently eating acana red meat recipe with wholesome grains mixed with raw food (chicken, turkey, beef), with no history of allergies . Mason was still limping after metacam was prescribed, then he jumped off the bed and injured his RFL carpus further and now has a mild carpal valgus rotation and a fever (about 2 months ago - fever has most likely subsided). RDVM did updated bloodwork yesterday, liver enzymes are elevated, RDVM is concerned about Cushings Disease, possible to perform AUS. Masons eating and drinking is normal. Urinating and defecation is normal, there was a diarrhea incident last week once (O is limiting raw food after that). No vomiting has been noted.
Abnormal PE/Chem/CBC/UA Results: No pain elicited on exam Right carpus valgus Mild right carpal laxity, no swelling appreciated Right carpal hyperextension without a palmagrade stance GEN: BAR, euhydrated BCS 8/9 EENT:No ocular/nasal discharge, no lenticular or corneal opacities. CV: No murmur/arrhythmia, pulses strong/synchronous, symmetric RESP: No crackles/wheezes INTEG: No masses palpable ABD: No organomegaly, no pain on abdominal palpation MS: Ambulatory x 4, mild RFL lameness LN: No lymphadenomegaly appreciated Neuro: CP x 4, full neuro not performed. Rectal: Not performed Ortho: forelimbs: No digital crepitus or pain. Full range of motion of elbow, no pain on coronoid palpation. No pain on shoulder extension or flexion. pelvic limbs: No pain on digital or hock palpation/range of motion. No instability, creptius, or effusion of stifle. No laxity of patella. No pain on hip range of motion or abduction.

COMPUTED TOMOGRAPHY OF THE RIGHT FRONT LIMB AND ABDOMEN

A pre- and post-contrast CT study of the right front limbs & abdomen in a bone and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Right front limb

Very mild osteophyte new bone formation is seen at the medial aspect of the medial humeral condyle.

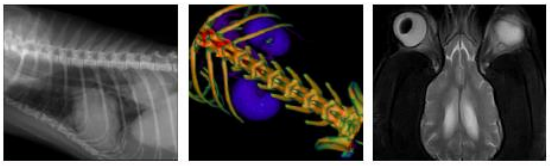
The most cranial aspect of the tip of the medial coronoid process of the right elbow joint is demarcated by a thin fissure line. Otherwise the medial coronoid process of the right elbow joint is well-defined and presents a homogeneous density.

The osseous structures of the right intercarpal joint and carpometacarpal joint present moderate osteophyte new bone formation. Level with the right intercarpal joint and carpometacarpal joint a moderate circumferential soft tissue swelling is appreciated. There is no evidence of fracture of the carpal bones.

Abdomen

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

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.



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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

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 bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate degenerative osteoarthrosis right intercarpal joint and carpometacarpal joint with accompanying articular swelling
- Coronoid disease with very mild degenerative osteoarthrosis right elbow joint
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative osteoarthritis of the distal rows of the right carpal joint in combination with the clinical presentation are likely a sequela to carpal hyperextension syndrome – history of potential traumatic insult when jumping out of truck. Stressed radiographs have already been performed as well, regarding the history as indicated. Due to the history of fever, repeating the synovial tap of the distal carpal rows can be used to rule out infectious are immune mediated arthritis is considered beneficial. Surgical management of carpal hyperextension syndrome would be the therapy of choice.

The clinical relevance of the mild degenerative changes and the small fragment of the medial coronoid process of the right elbow joint is unclear – check if pain can be elicited by pressure on the medial compartment of the right elbow joint.

The abdomen is negative for pathology. For further evaluation of the increased liver enzymes, FNA sampling ± TruCut biopsy can be considered.

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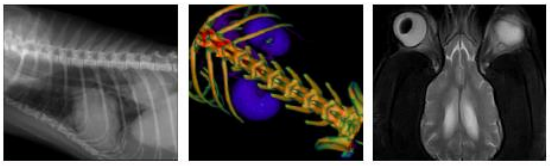

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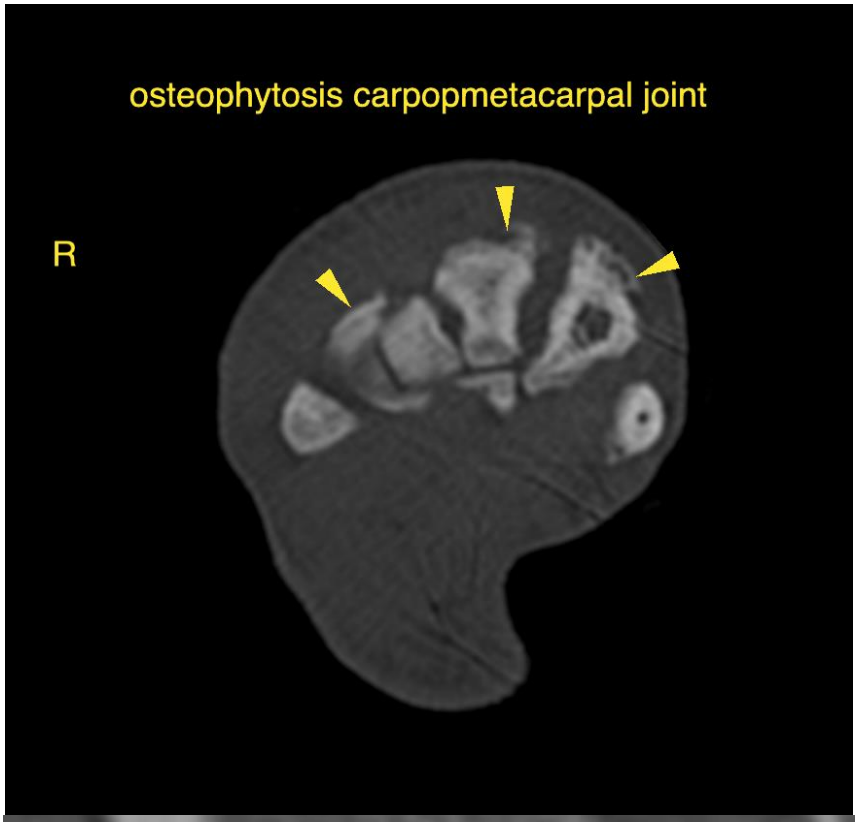

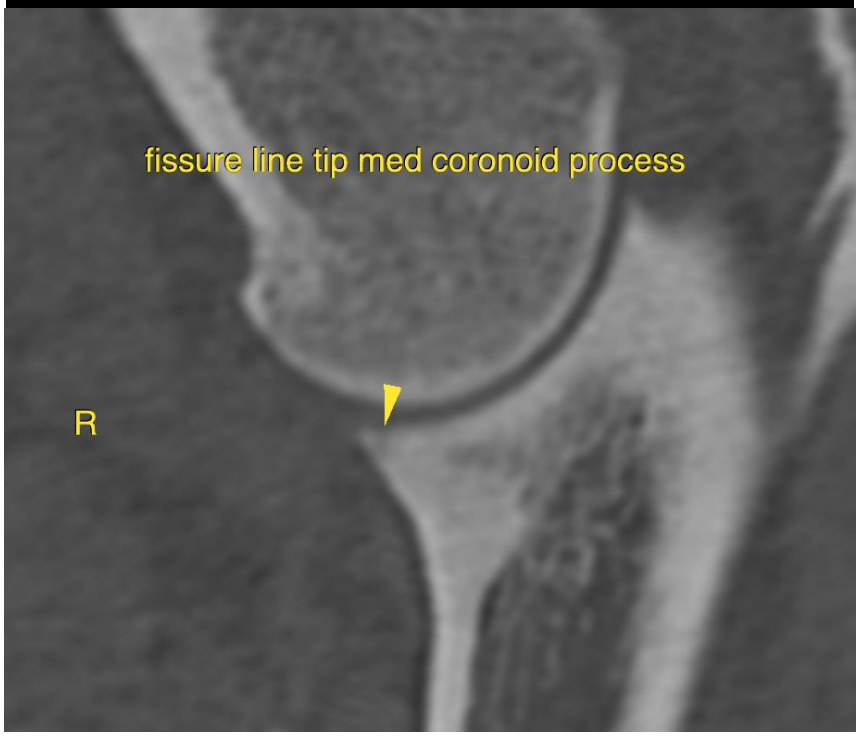

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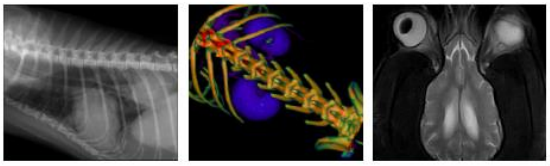

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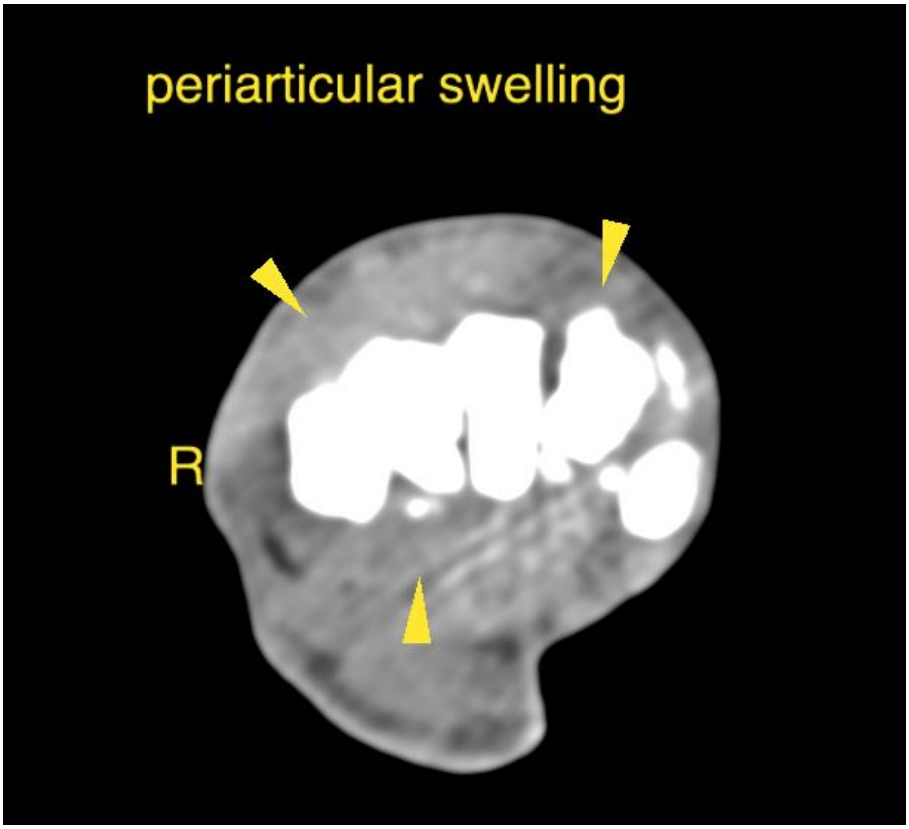

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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