



PATIENT

FRECKLES
HOLIFIELD

SPECIES

Canine

BREED

Dachshund

SEX

SF

AGE

13 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Duke

INVOICE

47062

DATE

8-20-21

PRESENTING CLINICAL SIGNS

Chief Complaint: ARTHRITIS History: P IS A 13YR OLD F/S LONG HAIRE DACHSHUND FOSTER DOG PRESENTING TODAY FOR SEVERE ARTHRITIS. BLOOD WORK DONE ELSEWHERE 7/29/21 (SEE SCANNED HX). FOSTER MAY BE KEEPING P SINCE DISABLED. PICKED UP P A WEEK AGO FROM RESCUE. PREVIOUS O PASSED AWAY SON WANTED P EUTHANIZED PREV VET DID NOT WANT TO EUTH DUE TO P STILL HAPPY AND EATING WELL. P CAN'T REALLY WALK BUT IS ABLE TO GET AROUND BY SQUIRMING. OCCASIONALLY GAGGING NOISE AT NIGHT.

Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge, nuclear sclerosis OU; clear mild cerminuous debris AU; No cough on tracheal palpation. Oral Cavity: moderate dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Thickened callus formation on the carpal and tarsal bone - pet ambulates on them CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Abormal ambulation, hind limb paresis. Unable to extend the shoulder and elbow joint bilateral; severe laxity in the carpal joints - hyperextended at a 90 degree angle where pet is walking on the end of the carpal bone/radius/ulna - similar positioning at the tarsus/hock in the hind limbs (SEE PHOTOS); No pain with palpation of the spinal cord; BCS 4/9 Neurological: Appropriate - unable to test CP

RADIOGRAPHIC STUDY OF THE ENTIRE SPINE, FRONT&HIND LIMBS

A complete set of radiographs of the spine, front and hind limbs is provided for review.

RADIOGRAPHIC FINDINGS

Spine

The vertebral endplates C3/C4 and C4/C5 show moderate spondylosis formation.

Mineralized material is seen superimposed on the intervertebral disc spaces T9/T10 and T13/L1.

The intervertebral disc space T13/L1 is collapsed, the respective vertebral endplates present moderate spondylosis formation and a moderate sclerosis of the subchondral bone.

Hind & Front limbs

A generalized significant chondrodystrophic conformation of the skeletal structure is present.

No overt abnormalities of the pictured parts of the shoulder and elbow joints are appreciated.

There is moderate hyperextension of the carpal joints, presenting a 90° angulation. The accessory carpal bone bilaterally is deformed, presenting a slender conformation and being angulated proximally. The carpal bones present with subjective small geographic osteolytic lesions. Moderate to marked thickening of the soft tissues at the palmar aspect of the carpal joints is seen.

**PATIENT**

The coxofemoral joints present a moderate mushroom shaped conformation – breed specific finding – with mild osteophyte new bone formation.

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The patella is seen medial to the medial femoral condyle bilaterally. The periarticular bones of the stifle joints show mild osteophyte new bone formation.

SPECIES

The metatarsal bones present a reduced radiopacity.

Canine

The mediolateral projection of the hind limbs are moderately rotated.

RADIOGRAPHIC DIAGNOSIS**BREED**

Dachshund

- Chondrodystrophic skeletal conformation
- Hyperextension of the carpal joints and accompanying cutaneous callus formation
- Deformed and proximally angulated accessor carpal bones
- Bilateral medial patellar luxation
- Chronic discopathy T13/L1
- Chondroid disc degeneration T9/T10 and T13/L1
- Osteopenia metatarsal bones
- Mild degenerative osteoarthritis coxofemoral joints
- Spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most common cause for the laxity of the joints is immune mediated (erosive) polyarthritis, although traumatic insult with hyperextension syndrome is a consideration the odds are low due to the history and clinical findings. Recommend a synovial tap of the affected joints for further workup. Conservative management versus the chances of surgical stabilization can be discussed with orthopedic surgeon.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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