



**PATIENT**

Alma Tholl

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

6 Years, 11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

North Idaho Animal  
Hospital (VCA)

**REFERRING VET**

Jolee Stegemoller,  
DVM

**INVOICE**

54270

**DATE**

9-26-22

**PRESENTING CLINICAL SIGNS**

Since December 2021 has intermittent left forelimb lameness. Doesn't really respond to NSAIDs/gabapentin and worsens with activity. Radiographs were performed and had boarded radiologist interpretation in 12/2021, but no radiographic abnormalities present at that time. Lameness is persistent and owner requests additional radiographs today.  
Abnormal PE/Chem/CBC/UA Results: Lameness at the walk in the left forelimb. BCS 4/9

**RADIOGRAPHIC STUDY OF THE CERVICAL SPINE AND THE FRONT LIMBS**

A complete set of radiographs of the neck and the front limbs is provided for review.

**RADIOGRAPHIC FINDINGS**

The osseous and surrounding soft tissue structures are within normal limits.

Both shoulder and elbow joints present smooth osseous margins and without abnormalities of the surrounding soft tissue structures.

The osseous and surrounding soft tissue structures of both carpal joints are within normal limits. The contour of the medial coronoid process of both elbow joints is well defined.

At the proximal aspect of the abaxial sesamoid bone of the metacarpophalangeal joint of the second phalanx, an isolated, irregular marginated mineralized body is appreciated.

**RADIOGRAPHIC DIAGNOSIS**

- Suspect multipartite abaxial sesamoid bone second phalanx left metacarpophalangeal joint
- Normal shoulder joints
- Normal elbow joints
- Normal carpal joints
- Normal cervical spine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A multipartite sesamoid bone of the metacarpophalangeal joint is described as cause for lameness in Rottweilers. Check if pain can be elicited by palmar pressure on the metacarpophalangeal joint of the second phalanx of the left front paw.

No additional abnormalities are noted.



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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  
sebast.schaub@gmail.com