



**PATIENT PRESENTING CLINICAL SIGNS**

Rowan De Burgh  
Thomas  
History: fell off a cliff , please review previous x-ray report . this paw is swollen  
Abnormal PE/Chem/CBC/UA Results: unremarkable

**RADIOGRAPHIC STUDY OF THE FRONT PAWS**

**SPECIES**

Canine  
A dorsopalmar view of the front paws is provided for review.

**RADIOGRAPHIC FINDINGS**

**BREED**

Bulldog English  
The left carpal joint presents with a moderate circumferential homogeneous soft tissue swelling, extending distally over the complete length of the left front paw.

**SEX**

Female  
There is medial subluxation) of the antebrachiocarpal joint and abnormal oblique projection with superimposition of the carpal bones of the distal carpal row with the metacarpal bones. The accessory carpal presents elongated in the dorsopalmar view.

**AGE**

11 Months  
The first left metacarpal bone presents with a transverse fracture of the middle phalanx

**RADIOGRAPHIC DIAGNOSIS**

- (Sub)luxation of the left antebrachiocarpal joint
- Possible instability of the left intercarpal joint and carpometacarpal joint
- Articular swelling left carpal joint and left front paw
- Subacute traumatic transverse fracture first metacarpal bone

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes of the left carpal joint are highly suggestive for carpal hyperextension syndrome with damage of the palmar carpal ligaments/ligamentous like structures of the palmar aspects of the joint capsule of the left carpal joint. Further definition of potential luxation/instability will warrant a mediolateral projection of the left carpal joint ± stressed radiographs. If diagnosis is confirmed, carpal arthrodesis is the therapy of choice.

**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

Dr. Boctor

**INVOICE**

17260

**DATE**

9/9/22



**PATIENT**

Rowan De Burgh  
Thomas

**SPECIES**

Canine

**BREED**

Bulldog English

**SEX**

Female



**AGE**

11 Months

**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.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
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**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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