

## PATIENT

Penny Cummings

## SPECIES

Canine

## BREED

Boxer

## SEX

Female Spayed

## AGE

6Y

## WEIGHT

69

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Justeene Marquez

## HOSPITAL NAME

Petroglyph Animal  
Hospital

## REFERRING VET

Kariana Atkinson

## INVOICE

73620

## DATE

2-4-26

## PRESENTING CLINICAL SIGNS

History:

- P was referred to us for CT only by another vet clinic. Several-month history of soft-tissue swelling around the right carpus with mild intermittent weight-bearing lameness.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL today

## COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT ANTEBRACHIAL – CARPAL JOINTS

A pre- and post-contrast computed tomographic examination of the right antebrachial and carpal regions was provided for review, totaling 2 series. Two series were acquired in the transverse plane using bone and soft tissue algorithms.

## COMPUTED TOMOGRAPHIC FINDINGS

The antebrachial, carpal, and metacarpal joints are markedly enlarged, with moderate to marked intra-articular and extra-articular effusion, resulting in joint capsule distension.

On the post-contrast series, better delineation of the soft tissue margins is observed. Three discrete soft tissue-mineral attenuating structures are identified, suspicious for foreign bodies.

The largest soft tissue-mineral attenuating fragment is located dorsally at the level of the distal radioulnar joint, likely positioned between the extensor digitorum communis and extensor digitorum lateralis muscles. This fragment measures approximately 4.0 × 3.4 mm.

A second soft tissue-mineral attenuating fragment is identified along the same dorsal trajectory but more distally, located dorsal to the IV and V metacarpal bones, measuring approximately 3.9 × 1.2 mm.

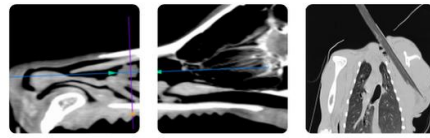
A third soft tissue-mineral attenuating focus, also suspicious for a foreign body, is observed overlying the dorsal aspect of the distal radius, slightly medial in position, approximately 1.6 cm proximal to the antebrachiocarpal joint.

Additionally, mild multifocal periosteal new bone formation is present along the dorsolateral aspect of the distal radius, the II and IV carpal bones, and the second metacarpal bone.

A few pinpoint mineral foci are also noted within the surrounding soft tissues.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Marked soft tissue swelling and joint effusion involving the right antebrachial, carpal, and metacarpal joints.
- Presence of multiple small soft tissue-mineral attenuating structures with associated regional inflammatory changes. The primary differential diagnosis is tiny retained foreign bodies, possible wood-fragments.
- Mild multifocal periosteal new bone formation affecting the distal radius, selected carpal bones, and the second metacarpal bone, compatible with a chronic reactive or inflammatory process or septic arthritis.



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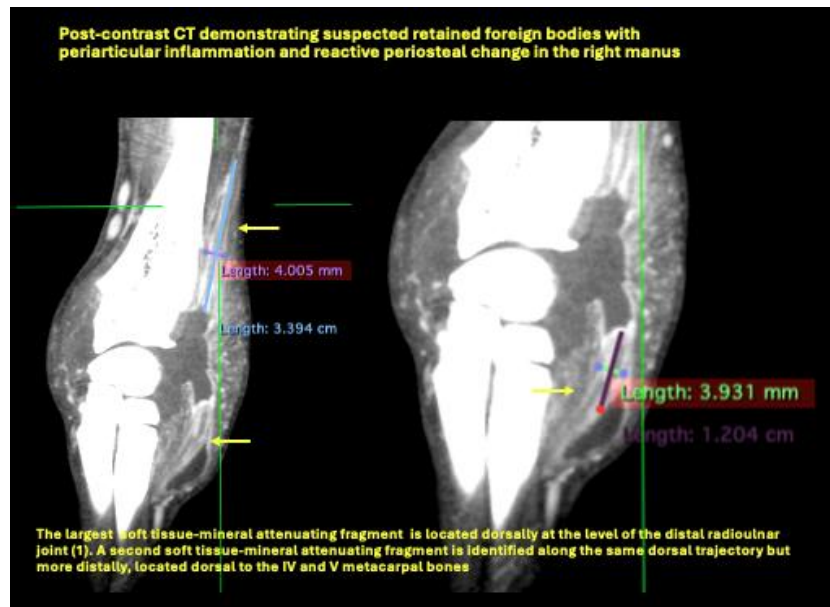
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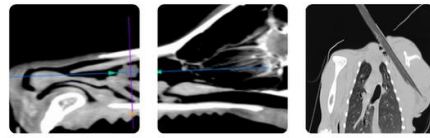
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with a chronic inflammatory process affecting the right antebrachial–carpal region. The primary differential diagnosis is inflammation secondary to retained foreign material (suspected small wooden fragments), resulting in joint effusion, periarticular soft tissue inflammation, and mild reactive periosteal bone formation.

Correlation with the clinical history supports chronic foreign body–associated synovitis or tenosynovitis as the main consideration. A musculoskeletal ultrasound is recommended to confirm the suspected lesions, improve lesion characterization, and assist surgical planning.

Surgical exploration and removal of the suspected foreign material should be considered. Arthrocentesis with synovial fluid analysis, culture, and antimicrobial susceptibility testing is also recommended.





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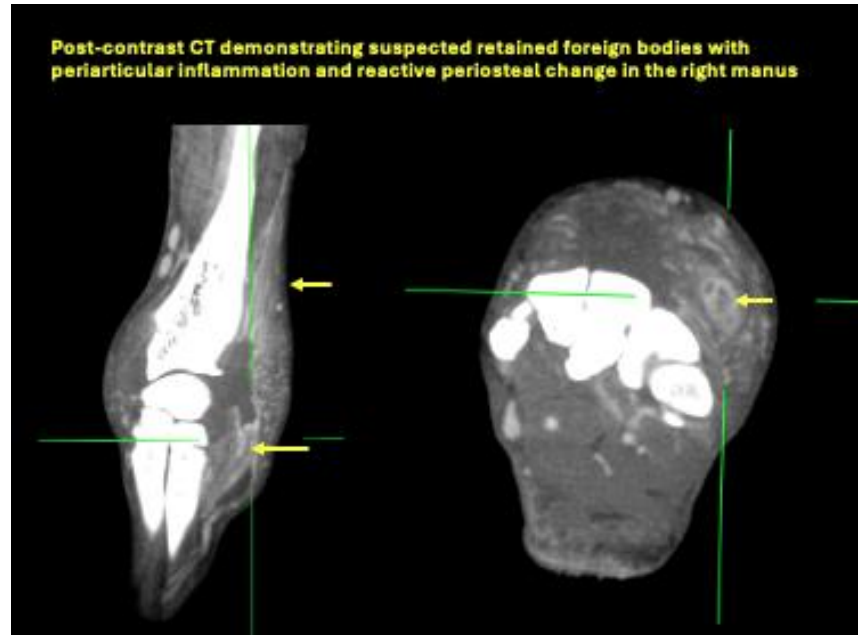
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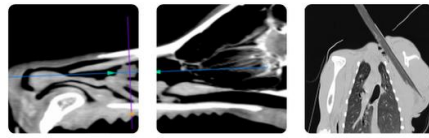
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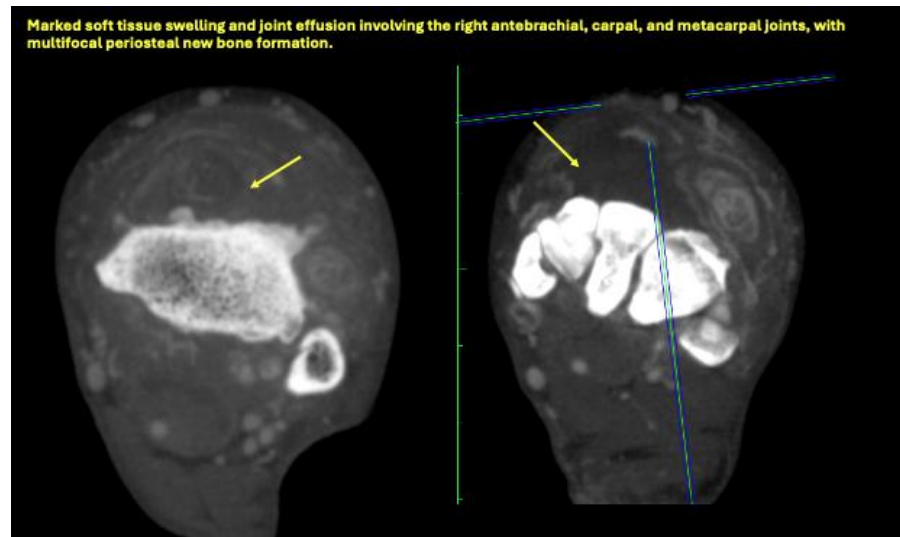
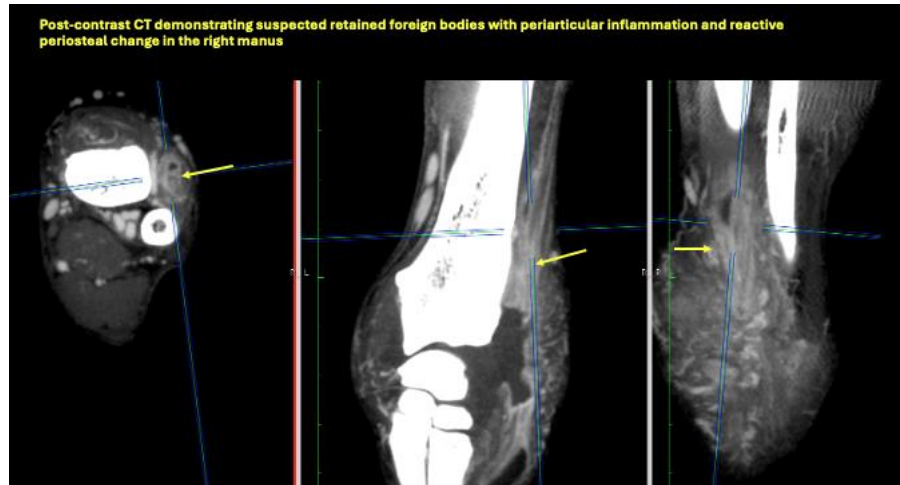
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet  
[info@sonopath.com](mailto:info@sonopath.com)