


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bella Carr  
**SPECIES** Canine  
**BREED** Pitbull  
**SEX** SF  
**AGE** 6 Years  
**INTERPRETED BY** Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet  
**HOSPITAL NAME** DPC Veterinary Hospital  
**REFERRING VET** Ward

Reason for Visit: check rear paws History: pet is here to check rear paws= owner sent attached letter- no answers still from previous vet on what is going on with pets paws/ biopsy recommended C/S/V/D: none E/D/U/D: decreased app on days (ate great last night) d/u/d wnl Diet: turkey/rice FAS Score: 0 Current Medications (dose and frequency): soaks to paws and applying sav nightly Heartworm Prevention / Flea Prevention: Known Allergies and Medical Conditions: Microchip ID: / No microchip Vital Signs Weight: 50.3 Temp: 102.6 HR: 84 RR: 20 MM/CRT: p/m < 2sec  
 Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: Several chipped teeth, mild tartar Lymph Nodes: Bilateral popliteal lymphadenopathy--right more prominent/firm than left. Submandibular, prescapular lymph nodes normal size, shape and consistency Skin: Right hind paw--digit 2 large soft tissue swelling that is fluctuant and painful to the touch. Focal draining area bloody cloudy fluid interdigitally. Swelling affects digital pad and soft tissues up to level of P2. Multiple small interdigital cyts LH, RH. Dorsal cranium--focal area of multiple yellow/brown crusted collarettes. Otherwise ealthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, no lameness, thickening/mild crepitus consistent with previous bilateral TPLO surgeries. Good muscle condition. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: Culture of fluid draining from infected cyst vs. neoplasia vs. foreign body right rear digit 2 --pending Radiographs bilateral hind paws--consult pending; performed to evaluate for any boney involvement of possible osteomyelitis vs. neoplasia Findings/Assessment: Swelling right hind paw--rule-out chronic infection +/- foreign body +/- osteomyelitis, less likely neoplastic/malignant transformation Chronic interdigital cysts responsive to apoquel/steroids--rule-out atopy/allergy (food vs. environmental) Treatment Plan: Given concerns about developing resistant infection, will postpone dispensing antibiotics until culture results available as long as patient is comfortable and not clinically worse. If worsens while culture pending, okay to re-start ciprofloxacin at previous dose while awaiting results. Dispense Gabapentin 600mg 1/4 to 1/2T PO TID Continue chlorhex soaks BID Dispense Prednisone 10mg 1/2T PO BID x 7d then taper (instructions on label) Dispense Douxo S3 Pyo mousse--to be used on crusted area top of head Owner willing to start food trial--dispensed Hill's Derm Complete. Will switch HWP to ProHeart when due for next dose of Trifexis and prescribe topical Bravecto for flea control via online pharmacy. Provided Veterinary Partner handout on diet trials and rules --emphasized need to strictly adhere to diet and rationale behind looking for food allergy Advised that sometimes the only way to diagnose digit neoplasia vs. infection is to amputate the toe and submit for histopathology Advised may require 8-12 weeks of appropriate antibiotic therapy to resolve infection even if no neoplasia present Recheck Needed: pending rad consult and culture results Follow-up Care: as needed

**INVOICE RADIOGRAPHIC STUDY OF PELVIC LIMBS, DISTAL PORTION.**

Orthogonal views of the right and left pelvic limbs are provided for review totaling 3 images.  
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**DATE**  
 2-8-23



**PATIENT**                      **RADIOGRAPHIC FINDINGS**

Bella Carr

**Right pelvic limb (pes)**

A moderate multilobulated soft tissue mass effect and swelling surrounds the mid to distal portion of the metatarsus and phalanx of all digits. The mass effect is more evident at the dorsal part and interdigital, spreading out dorsally.

**SPECIES**

Canine

All digits of the pes present with undulant cutaneous margins.

**BREED**

Pitbull

No lytic lesions or bone reactions are seen.

No signs of radiopaque foreign material.

A small rounded osseous proliferation is along the plantar surface of the metacarpophalangeal joint of the 4th digit.

**SEX**

SF

Mild periarticular osteophytes in the intertarsal and metatarsophalangeal joints are seen.

On the edge of the view, a metallic orthopedic apparatus is seen at the right stifle joint.

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**Left pelvic limb (pes)**

A mild to moderate multilobulated soft tissue mass effect and swelling surround the phalanx of all digits. The mass effect is more exacerbated at the laterodorsal border of the interphalangeal joint of the II metatarsus, causing an undulant cutaneous margin.

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No lytic lesions or bone reactions are seen.

No signs of radiopaque foreign material.

Minor periarticular osteophytes in the intertarsal joints are seen.

On the edge of the view, a metallic orthopedical apparatus is seen at the left stifle joint.

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**RADIOGRAPHIC DIAGNOSIS**

- Bilateral subcutaneous soft tissue mass effect and swelling surround the distal metacarpus and phalanx, more severe on the right side. Differential diagnosis includes pedal dermatitis, infectious and/or inflammatory, less likely soft tissue neoplasia.
- No osseous involvement.
- No evidence of radiopaque foreign material.
- Mild tarsal and metatarsal osteoarthritis, bilaterally (> right side)
- Multifocal small osteochondroma adjacent to the metacarpal joint of the 4th digit of the right pes, incidental. Differential diagnosis bipartite sesamoid.
- An orthopedic implant is seen on both stifle joints.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Bilateral pedal dermatitis (or pododermatitis) is the primary differential diagnosis (> severe on the right side). Less likely soft tissue neoplasia, for example, squamous cell carcinoma or

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malignant melanoma. No osseous involvement or radiopaque foreign material was seen. Consider a planned treatment of infectious cleaning, antibiotics, and managing the inflammation and pain. Then, according to evolution, consider a biopsy if attainable.

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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  
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