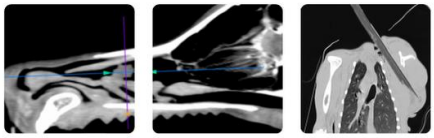

PATIENT

Banjo Obach

SPECIES

Canine

BREED

Pembroke Welsh Corgi

SEX

MN

AGE

10Y, 2M

WEIGHT

42lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr Raul Casas

INVOICE

74440

DATE

4-1-26

PRESENTING CLINICAL SIGNS

- Last joint injection at 10/25 in the first digit of left front
- Seems painful on outside of foot, licked raw at one point. LF
- No trauma known
- Meds- carprofen; no meds for the last 2 days
- Coat feels more dry, elbows are dry
- Seem more hungry in the last few months

Abnormal PE/Chem/CBC/UA Results: Abnormal PE: BCS 7/9; pain on flexion of carpi bilaterally, worse on left front; possible effusion left carpus; no lameness observed in clinic; no pain on palpation/manipulation of neck, shoulder, elbow, long bones; toes normal on palpation; mild alopecia and dry patches on elbows 4/1/16- Chloride 106, Amylase443 7/18/2022 CT result from Patterson Teleradiology (PTR) CONCLUSIONS 1. Polyostotic erosive arthropathy is present. This may be due to rheumatoid arthritis, infectious pyelonephritis (tickborne disease, or other), or other erosive polyarthritis. Primary osteoarthritis is considered unlikely. The carpal changes are more subtle, the palmar lysis may be a variation of normal due to the chondrodystrophic conformation.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS - CARPI

Single non-contrast CT series of the distal thoracic limbs/carpal regions acquired in transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

THORACIC LIMBS - CARPI

There is mild bilateral bulging of the distal radius and ulna, considered most likely related to chondrodystrophic conformation.

There are multifocal, bilateral, multiple subchondral erosive/osteolytic foci involving predominantly the metacarpophalangeal and interphalangeal joints, and to a lesser extent the intercarpal, carpometacarpal, and antebrachiocarpal joints.

These erosive changes are most pronounced in the metacarpophalangeal joints and affect all digits of both thoracic limbs, with variable severity between the digits.

Moderate multifocal periarticular/enthesophyte proliferative new bone formation is also present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral, multifocal erosive arthropathy, predominantly affecting the metacarpophalangeal and interphalangeal joints, with milder involvement of the carpal and antebrachiocarpal joints, slightly more severe on the left. Differential diagnoses include Immune-mediated erosive polyarthritis (including rheumatoid-like arthritis), less likely infectious erosive polyarthritis.
- Mild bilateral distal radius and ulna alignment changes, likely correlate to conformational/chondrodystrophic

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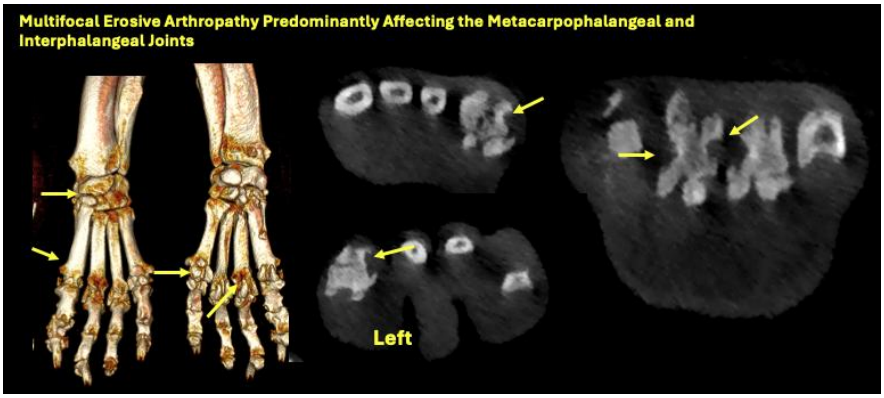
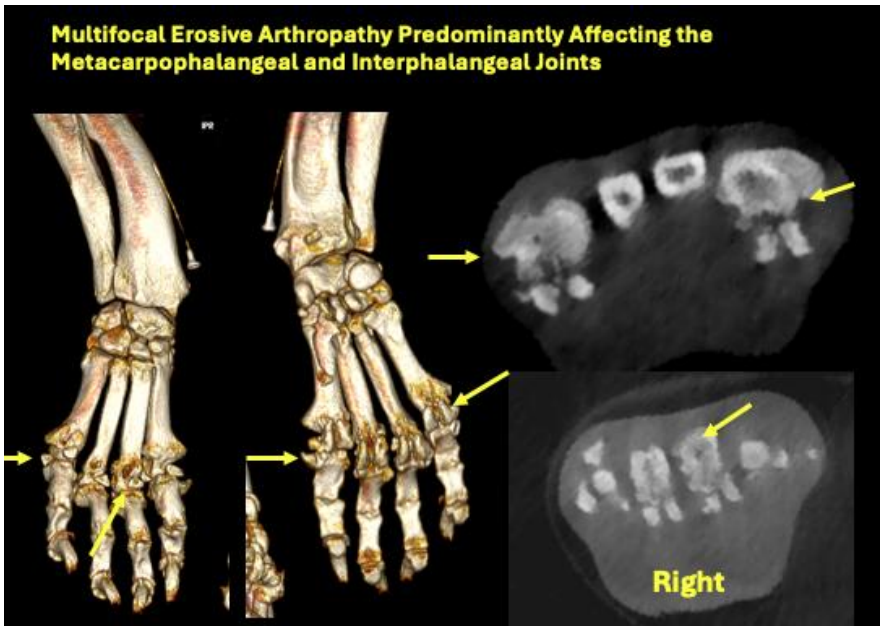
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings reveal a bilateral, multifocal erosive arthropathy, predominantly affecting the metacarpophalangeal and interphalangeal joints. Primary differential diagnoses include erosive immune-mediated polyarthritis (rheumatoid-like erosive arthropathy).

Although considered less likely based on the imaging pattern alone, infectious erosive polyarthritis/septic polyarthritis remains a possible differential diagnosis. This includes vector-borne infectious arthropathy, and depending on geographic and clinical context, atypical bacterial infection such as Mycoplasma spp., and leishmaniosis-associated arthropathy.

If attainable, arthrocentesis of one or more clinically affected joints is suggested for synovial fluid analysis, including cytology and aerobic/anaerobic bacterial culture, and additional infectious testing as clinically indicated. In endemic areas or when clinically appropriate, vector-borne disease screening and Leishmania testing should be considered.





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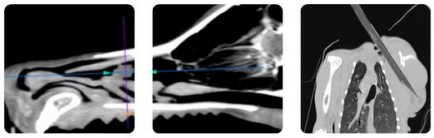

Teleradiology
Educational Teleconsultation Services™

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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