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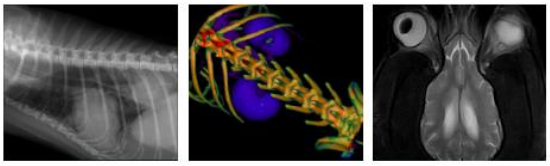


PATIENT

Whiskey Clune

SPECIES

Canine

BREED

Border Collie

SEX

Male

AGE

8

INTERPRETED BY

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

HOSPITAL NAME

Colyton Veterinary Hospital

REFERRING VET

Chris Papantonio

INVOICE

57774

DATE

4-13-23

PRESENTING CLINICAL SIGNS

History of a left hock injury a few years ago. History suggests possible ligament injury or sprain which was treated conservatively. Over time there has been significant swelling that has developed to the left hock with intermittent chronic lameness to LHL with pain isolated to the left hock. No obvious laxity to left hock. Previous xrays showed degenerative changes and biopsies suggest no neoplasia. Reassessed today for ongoing lameness and possible consult for arthrodesis. Xrays again suggest degenerative changes to the hock with soft tissue swelling. Both Ct scan and further biopsies taken to rule out neoplasia before possible joint fusion.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIC LIMBS AND THORAX

A high resolution pre- and post-contrast CT study of the pelvic limbs, thorax and abdomen are provided for review. A total of six series. Two pre-contrast bone and soft tissue window focus on tarsocrural/tarsal joints. One pre-contrast of the thorax, one post-contrast of the thorax, and two post-contrast of the abdomen.

COMPUTED TOMOGRAPHIC FINDINGS

Left Limb

There is moderate to severe regional soft tissue swelling and increased volume of the left tarsocrural and tarsal joints spanning circumferentially. Moderate periarticular ossification and new bone formation are seen adjacent to the lateral and medial aspect of the tarsocrural and intertarsal joints. Part of this new bone formation follows the anatomy of the synovium of the tarsocrural joint. In addition, multifocal subchondral cysts and intertarsal sclerosis are seen.

The metatarsal bones, interphalangeal joints, and phalanx of all digits are normal.

Right Limb

There is mild regional soft tissue swelling spanning circumferentially in the right tarsocrural and tarsal soft joints. Mild periarticular ossification and new bone formation are seen adjacent to the lateral and medial aspect of the tarsocrural and intertarsal joints. In addition, few subchondral cysts are noted. The metatarsal bones, interphalangeal joints, and phalanx of all digits are normal.

Bilaterally, the coxofemoral joints and stifle joints are normal.

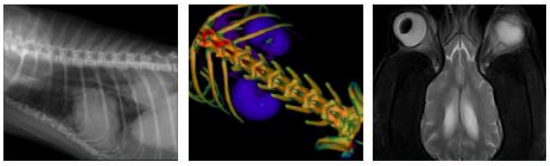
Thorax

The trachea and main bronchus are normal.

There are a few subpleural hyperattenuating foci within the lung parenchyma. The remainder of the pulmonary parenchyma is normal in attenuation. No pulmonary nodules are seen.

The pleural space and mediastinum are normal. No evidence of enlarged mediastinal lymph nodes.

The diaphragm and thoracic wall are normal.



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The cardiovascular structures are normal.

Multifocal thoracic and lumbar incomplete bridge spondylosis deformans.

Bilateral shoulders periarticular ossification.

The collimated abdomen is unremarkable.

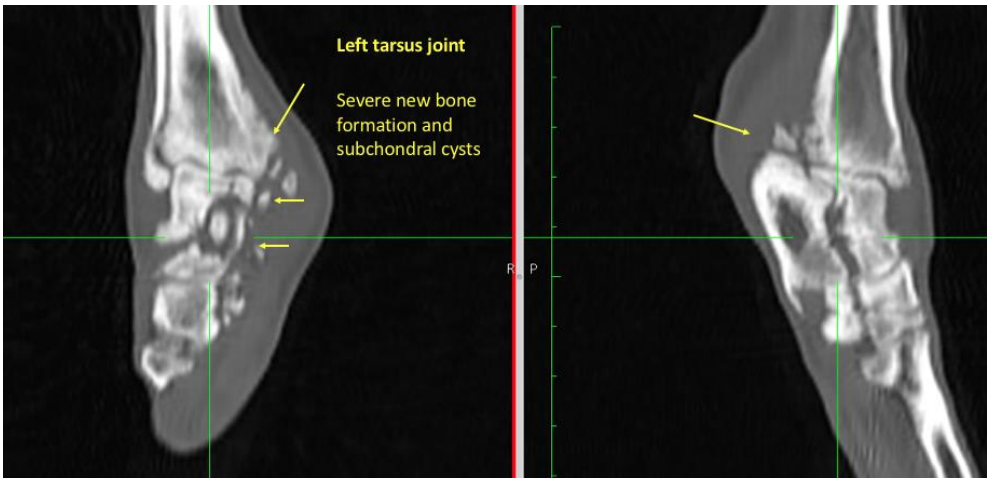
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral tarsocrural and tarsal polyarthritis, more severe at the left side. Differential diagnosis includes immune-mediated erosive arthropathy, consider infectious causes, or chronic degenerative osteoarthritis and concurrent synovial osteochondromatosis in the left side.
- Few osteomas within the lung parenchyma, incidental.
- No evidence of pulmonary metastatic disease.
- Otherwise, normal thorax.
- Bilateral shoulder osteoarthritis.
- Multifocal thoracic spondylosis deformans, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals chronic osteoarthritis and osteochondromatosis with involvement of the tarsocrural synovium on the left side. The tomographic findings are more severe at the left pelvic limb. Because of the identification of the lesion in the right tarsocrural joint, immune-mediated erosive arthropathy is considered concurrent or not associated with an infectious disease such as fungal.

As performed, tarsocrural joint aspirate is suggested for cytologic sampling, culture and sensitivity, and is recommended for further definition. Fungal antigen testing is also suggested.



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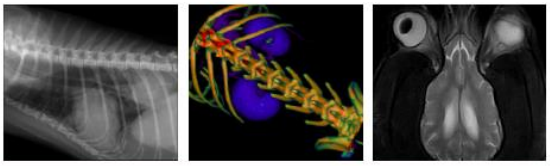

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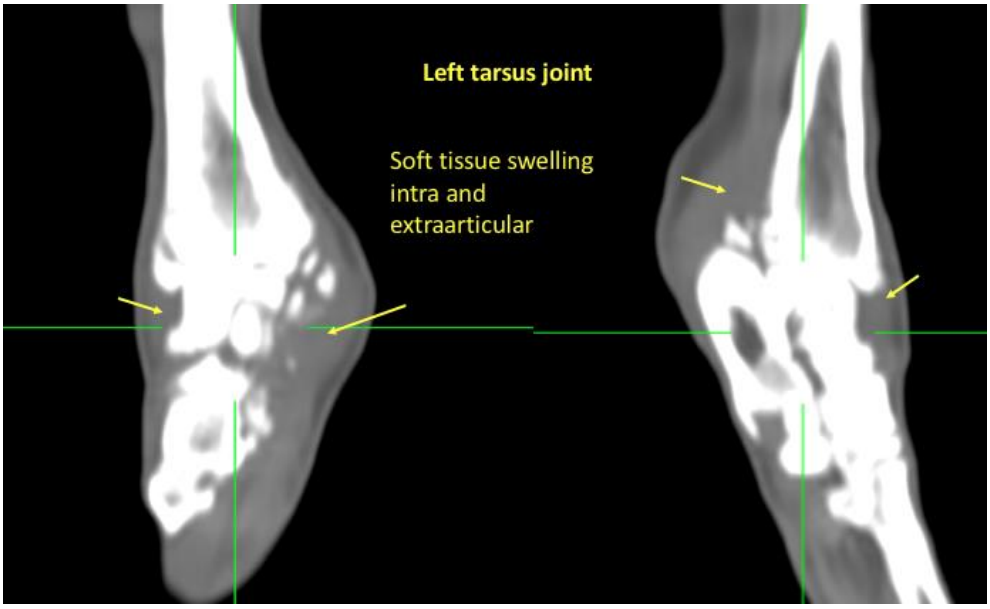

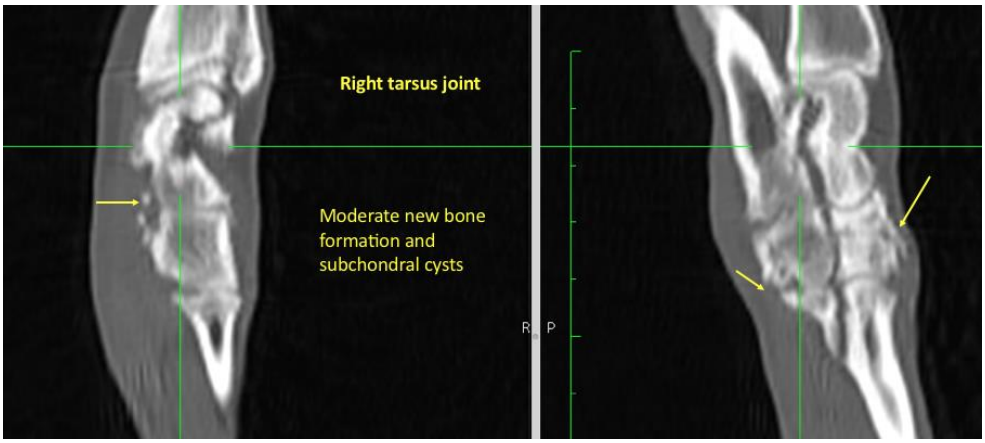

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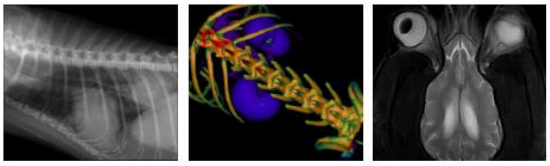

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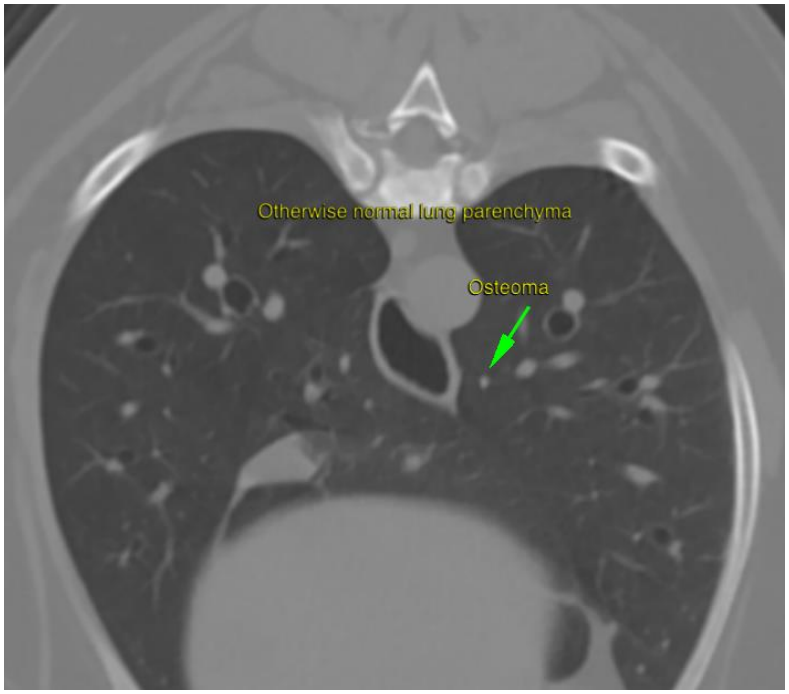

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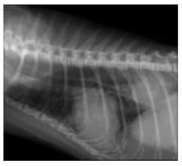
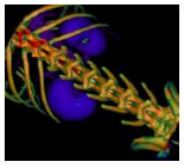
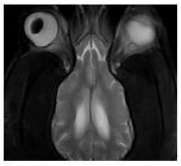

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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