



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Equine Breed: Warmblood Sex: Mare Age: 9 years

Clinical History:

Non-healing wound of 4 weeks duration

Anatomic regions: Tarsus

Details of study and technical comments: LM, DP, DMPLO, DLPMO views of the right tarsus. The images are of diagnostic quality.

Diagnostic interpretation:

Right tarsus

There is marked soft tissue swelling at the dorsal aspect of the distal tarsus and proximal metatarsal bone, extending to the dorsomedial and dorsolateral aspects. The skin contour is irregular and the soft tissue opacity is heterogeneous, consistent with a chronic granulating wound.

There is a radiolucent concave defect at the dorsomedial / dorsal cortex of the proximal third metatarsal bone, approximately 6cm in length. The defect is rather well defined with smooth margins. It is larger at its proximal part with suspected mild and smooth bone production at its proximal margin, best seen on the DLPMO view.

Small rounded mineral elements (osseous fragments) are visible in the soft tissues dorsal and dorsomedial to the metatarsal bone, adjacent to the cortical lesion.

The distal tarsal joints are unremarkable.



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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.

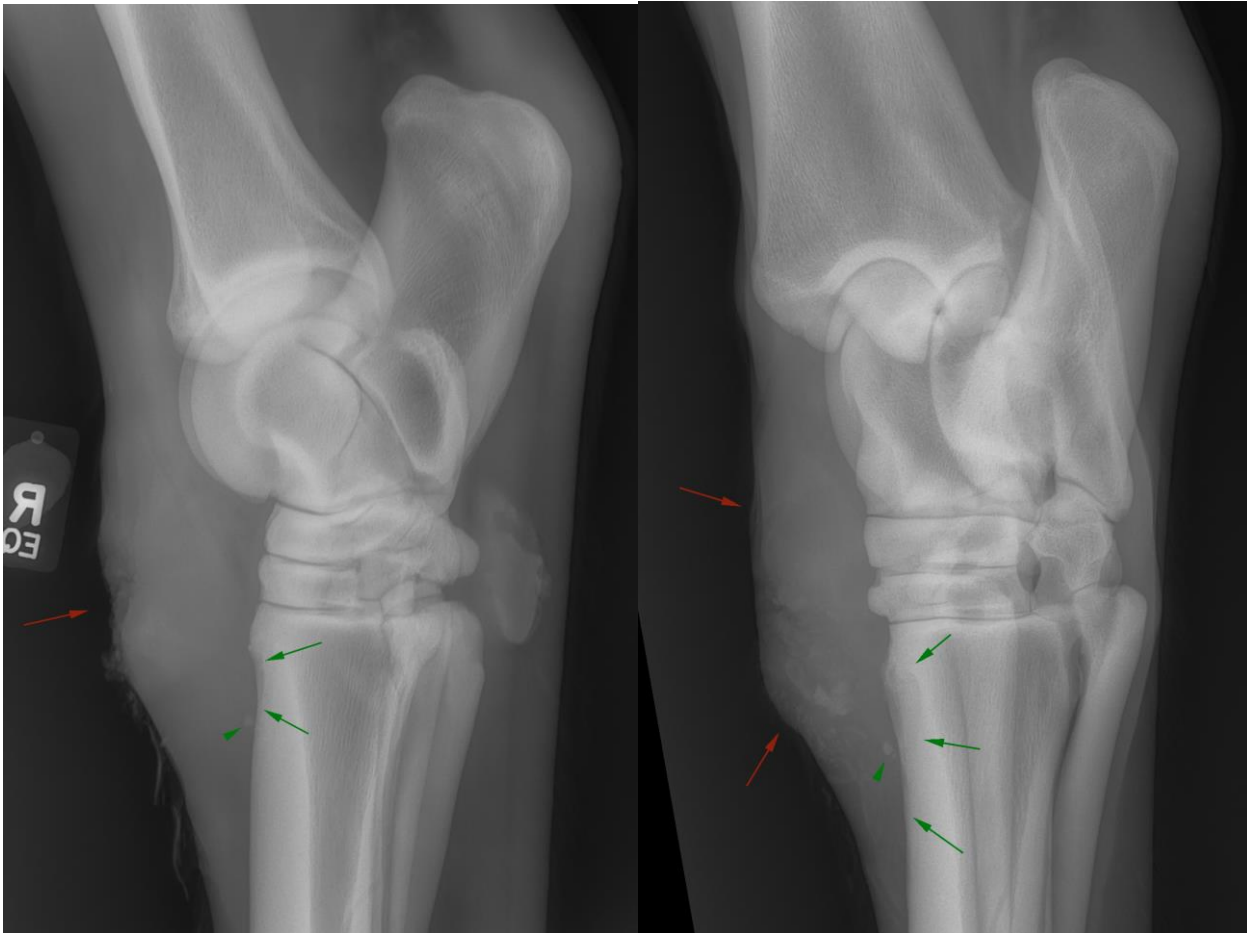


Fig. 1 LM and DLPMO projections of the right tarsus. The red arrows show the soft tissue swelling consistent with a granulating wound. The green arrows show the cortical bone defect and the green arrowheads show the small osseous fragments adjacent to it.

Conclusions:

Right Tarsus:

- Chronic granulating wound at the right distal tarsus/proximal metatarsus, associated with cortical defect and small fragments of the third metatarsal bone. This likely represents osseous involvement and sequestrum formation.
- Absence of osseous abnormality identified at the tarsal joints.

Additional comments:

Follow-up radiographs +/- ultrasonography of the wound may be recommended, if indicated. There is no definite evidence of distal tarsal joints involvement, nor any radiographic evidence of degenerative joint changes of the distal tarsal joints (bone spavin).

Teaching Points:

- Surgical debridement of the wound and dorsal third metatarsal bone may be necessary to allow the wound to heal.



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- The separate bone fragments that are devascularized and eventually become necrotic are defined as bony **sequestrum**. These can be surrounded by new bone, known as an **involucrum**.



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