



Teleradiology | Teleconsulting | Education

## IT'S YOUR CASE

Species: Canine    Breed: Labrador Retriever    Sex: Male Entire    Age: 2.5 years

### Clinical History:

He is a working dog who was in a training session yesterday. Unfortunately, he was shot with pellet gun. He is cardiovascularly stable. Physical exam findings include swelling of the left antebrachium. No obvious crepitus or instability felt. Small effusion palpable in the left stifle but no positive cranial draw.

There is no abdominal fluid or pleural/pericardial effusion with POCUS (Point- of-care-ultrasound). Venous blood gas analysis, CBC, biochemistry unremarkable.

**Details of study and technical comments:** A radiographic study of the antebrachia, left stifle and tarsus is presented for evaluation. The study consists of mediolateral and craniocaudal views.

### Diagnostic interpretation:

#### LEFT ANTEBRACHIUM:

Swelling extends from the level of the elbow distally to the dorsal manus (red arrows). Multiple pinpoint gas foci are observed in the soft tissues along the medial aspect of the antebrachium. There are multiple amorphous metallic foci through the soft tissues of the caudal distal brachium, dorsally and abaxially along the antebrachium and dorsally along the manus. There is no evidence of fracture, luxation, or osteolysis.

#### RIGHT ANTEBRACHIUM:

Two amorphous to round metallic foci are in the dorsal lateral soft tissues of the manus and a third is along the palmar surface of the proximal fifth metacarpus. These are surrounded by mild soft tissue swelling (orange arrows). An intravenous catheter and associated tubing overlies the region of the cephalic vein. There is no evidence of fracture, luxation, or osteolysis.

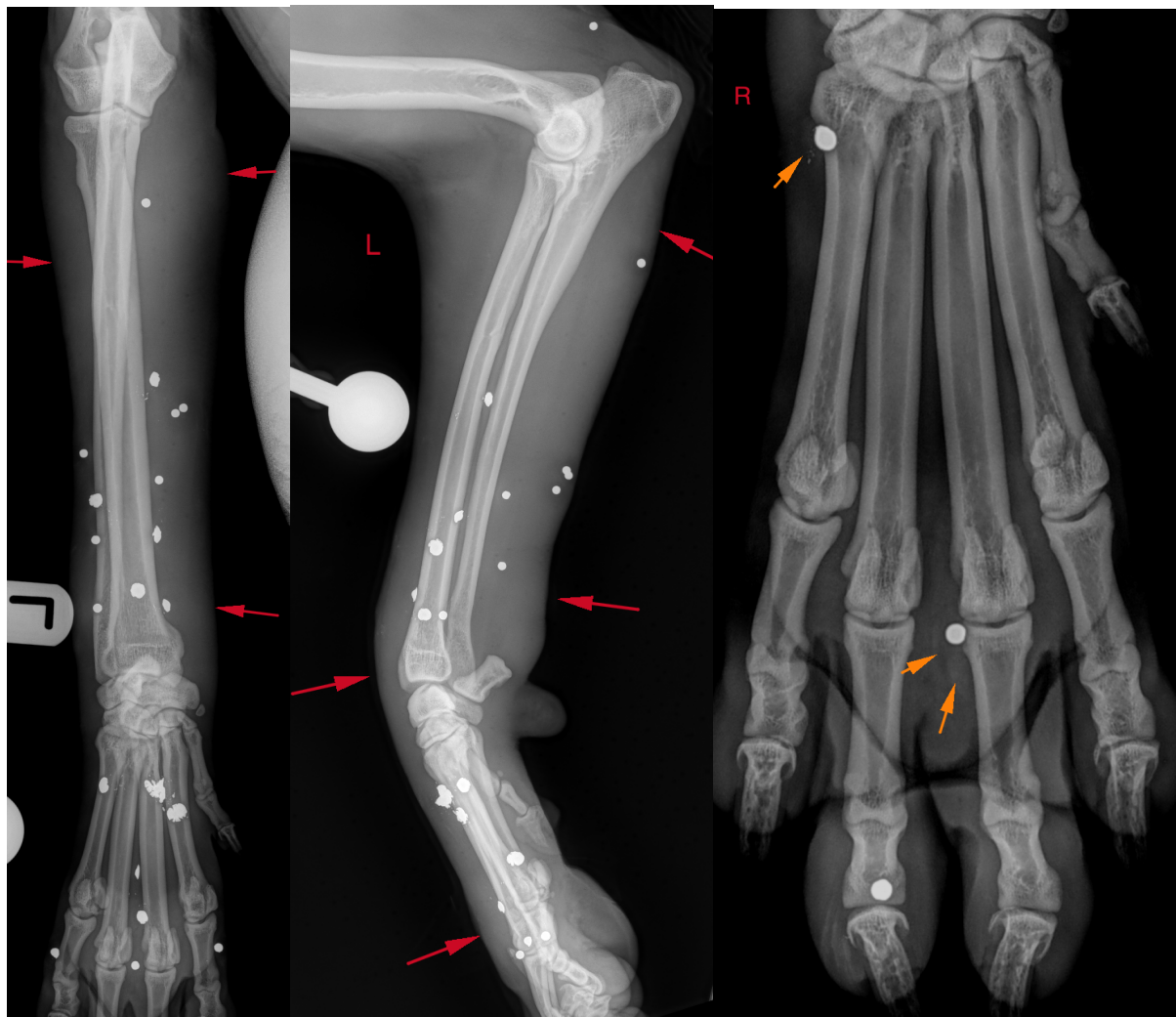


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#### LEFT STIFLE:

Increased intracapsular soft tissue opacity causes cranial displacement of the infrapatellar fat pad and caudal capsular bulging with secondary caudal displacement of the fascial plane of the gastrocnemius muscle (green arrowheads). There is increased opacity of the infrapatellar fat pad (yellow arrow). On the neutral mediolateral view, the intercondylar eminence is aligned with the femoral condyles. The patella is anatomically positioned. Multiple amorphous metallic foci overlie the intra-articular space. Additional metallic foci are in the soft tissues of the thigh and crus.

There is circumferential remodelling of the femoral head and neck. Subjectively, the femoral head is flattened.

#### LEFT TARSUS and PES:

Multiple amorphous metallic foci are present along the dorsal and medial margin of the distal tibia and dorsal aspect of the pes. There is soft tissue swelling that extends between the distal third of the tibia to the dorsal half of the metatarsal bones (light blue arrows). Multiple small gas foci are in the soft tissues along the dorsal border of the tarsus.



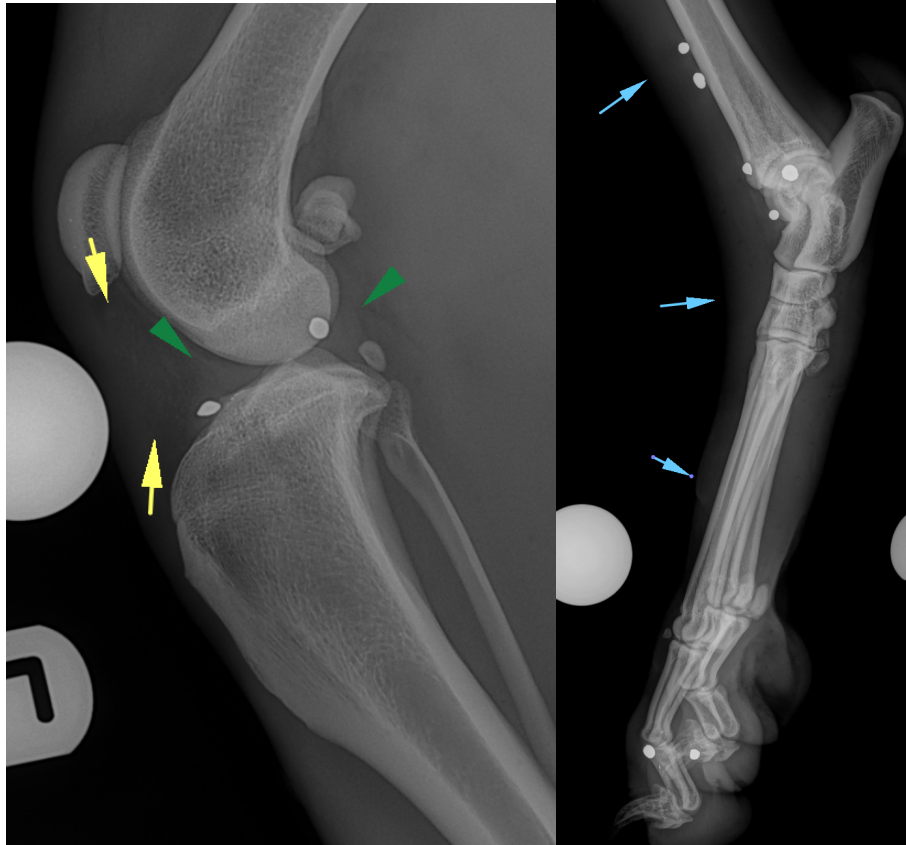
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#### Conclusions:

- Multifocal ballistic injury by pellets.
- Intra-articular pellets and oedema of the infrapatellar fat pad of the left stifle is suspected.
- Diffuse soft tissue swelling and subcutaneous emphysema is consistent with acute injury.
- Left coxal osteoarthritis.

#### Additional comments:

As described, multifocal pellet gun injury with stifle effusion, likely haemorrhage within the infrapatellar fat pad and extensive soft tissue swelling.



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