



IT'S YOUR CASE

Species: Canine

Breed: Miniature Pinscher Sex: Female Neutered

Age: 9 years

Clinical History:

She has a history of extracapsular repair of the right cruciate deficient stifle last year. An explant was performed several months later and a joint fluid culture was negative at that time. She also has a 6 month history of bilateral carpal swelling/fibrosis

Details of study and technical comments:

Radiographs of the pelvis, stifles, and carpi are available

Diagnostic interpretation:

LEFT CARPUS:

There is moderate thickening of the soft tissues surrounding the carpus, most pronounced dorsally (green arrowheads). The space between the ulnar and accessory carpal bones is slightly increased. There is no evidence of osteolysis or joint space collapse. Minimal periarticular new bone is present arising from the cranial, distal margin of the radius.

RIGHT CARPUS:

Similar to the left, there is moderate thickening of the soft tissues surrounding the carpus. Small, well-defined osseous fragments are present arising from the cranial, distal margin of the radius and are present within the proximal aspect of the carpal joint space (green oval). A well-defined, curvilinear, osseous fragment is present in the palmar, lateral aspect of the carpal joint, partially superimposed with the accessory carpal bone on the lateral view. There is no evidence of osteolysis or joint space collapse.

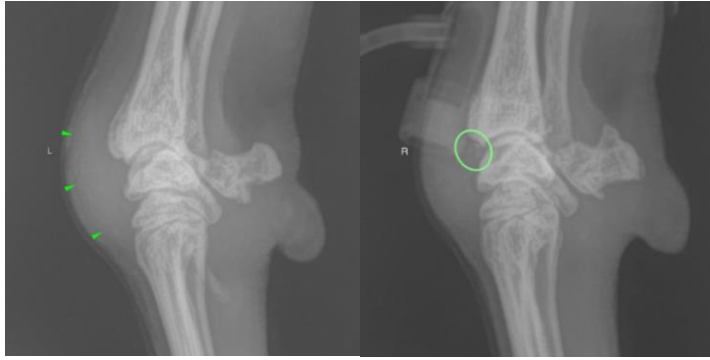


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Conclusions:

- Bilateral moderate thickening of the soft tissues surrounding the carpi, likely representing a combination of joint effusion and thickened synovium
 - No evidence of osteolysis or joint collapse
 - Osseous fragments in the right carpus may be developmental or secondary to trauma

Additional comments:

The soft tissue swelling surrounding both carpi may be secondary to non-erosive polyarthropathy. Polyarthropathies are characterised as erosive or non-erosive. Non-erosive indicate that the osseous structures of the joint are intact and that joint space is preserved or increased.

Erosive arthropathies result in destruction of cartilage and subsequent osteolysis of the subchondral bone. This results in joint space collapse and reduction of mineral opacity of the joint. In the early stages, this can resemble a non-erosive arthropathy. Arthrocentesis is recommended.



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