



IT'S YOUR CASE

Species: Canine

Breed: Pointer

Sex: Male Neutered

Age: 9 years

Clinical History:

Diffuse swelling of left thoracic limb between the elbow and toe tip with mild to moderate pain. This began following a walk. He is 5/5 lame.

The swelling is most marked swelling at the level of the left carpus with a small open draining tract dorsally where serosanguinous fluid expressed and some bruising around this site.

There are known Adders in the area.

Anatomic regions: Carpus/foot, Elbow

Details of study and technical comments: A CT study of both thoracic limbs from elbows distal in soft tissue and bone algorithms pre and post intravenous contrast administration are available for interpretation.

Diagnostic interpretation:

LEFT THORACIC LIMB:

The entirety of the left thoracic limb from the level of the elbow distally displays marked swelling of the subcutaneous tissue with increased attenuation (yellow arrows). The deeper muscles, fascia, and tendons are normal in attenuation. No gas tracking or foreign bodies are noted.

A small region of irregularity along the cutaneous surface of the carpus is noted. No associated deeper lesion is present.

No effusion of the carpus, or other joints is present. Aggressive osseous changes, including articular erosions, lysis and periosteal reaction are not appreciated. Small enthesophytes are present on the accessory carpal bone (pink arrows).



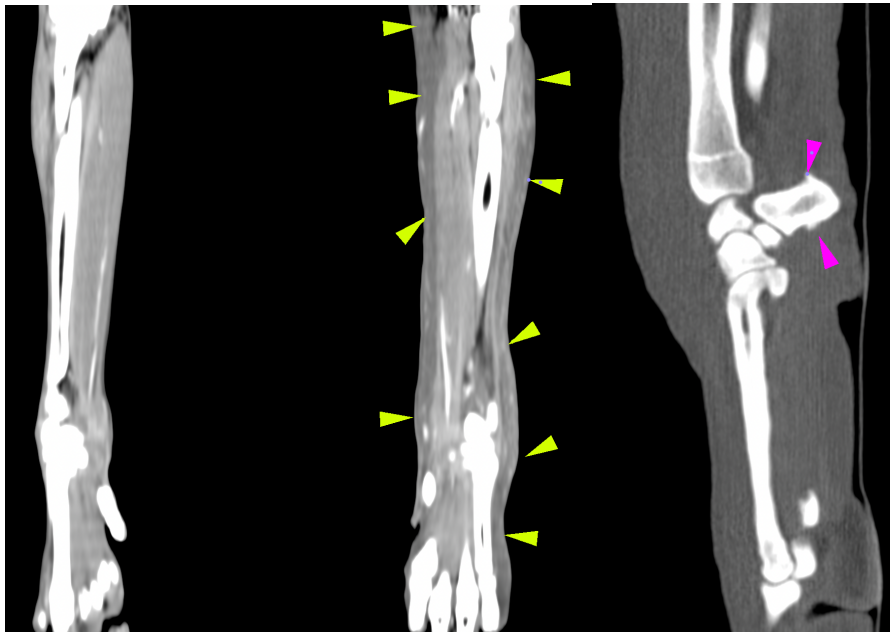
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Upon contrast administration, the vascular structures opacify normally.

RIGHT THORACIC LIMB:

Similar to the left, there are small enthesophytes present on the accessory carpal bone. Otherwise, the carpus has normal alignment, without osteophytes or effusion.

No abnormality is appreciated within the foot or elbow.

Conclusions:

- Severe, diffuse subcutaneous oedema/cellulitis, left thoracic limb.
- Mild, bilateral accessory carpal enthesopathy. This finding is commonly incidental, although it can be associated with lameness.

Additional comments:

A clear cause for the extensive subcutaneous oedema/cellulitis is not determined during this evaluation, however, multiple pathologies (septic arthritis, penetrating wound, neoplasm, thrombosis) have been excluded. Given the small carpal wound, envenomation is considered a likely aetiology.



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