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CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Equine

Breed: Thoroughbred

Sex: Mare

Age: 4 years

Clinical History:

4 year old thoroughbred mare. Recently noted effusion of the right tarsocrural joint. Mildly lame right hind.

Details of study and technical comments: Four orthogonal views of the right tarsus.

Diagnostic interpretation:

Right tarsus:

- There is a well-defined semi circular subchondral bone defect in the distal intermediate ridge of the tibia and a small, 4.5 mm, well-defined mineralized osteochondral fragment visible just distal to the defect.
- The medial malleolus is heterogeneous without clear evidence of fragmentation.
- There is mild soft tissue swelling overlying the tarsocrural (tibiotalar) joint.
- There is mild periarticular new bone formation at the dorsal aspect of the tarsometatarsal joint and medial and lateral aspects of the distal intertarsal joint.



Reported by VetCT

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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.

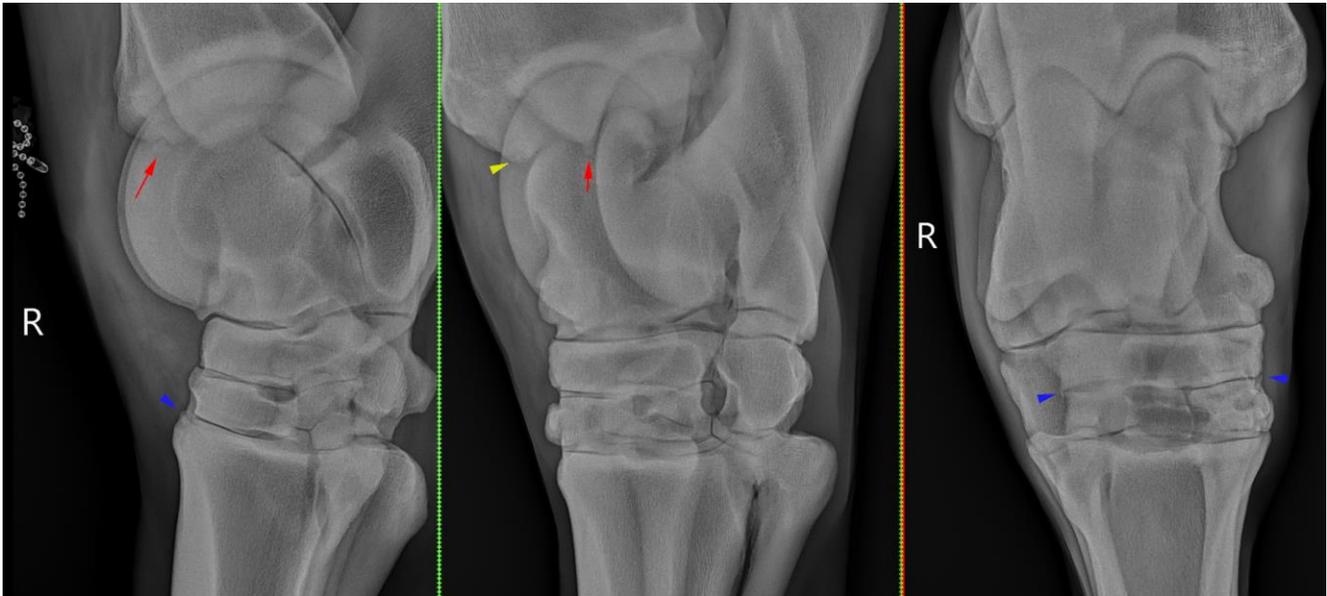


Fig 1: LM, DLPMO, and DP views. Right tarsus fragmentation of the distal intermediate ridge of the tibial (red arrow). Heterogeneous appearance of the medial malleolus (yellow arrowhead). Mild osteophytosis at the dorsal tarsometatarsal joint, medial and lateral margins of the distal intertarsal joint (blue arrowheads).

Conclusions:

- Osteochondritis dissecans (OCD) of the distal intermediate ridge of the tibia with mild effusion of the tarsocrural joint.
- Suspicion of irregularity of the medial malleolus, this may be a second OCD lesion or may be artefactual related to the exposure angle.
- Mild osteoarthritis of the right distal intertarsal and tarsometatarsal joints.

Teaching Points:

- Osteochondritis dissecans (OCD) of the tarsocrural joint is the most common site across most breeds. The distal intermediate ridge of the tibia is the most common site in the tarsocrural joint, followed by the medial malleolus of the tibia and rarely the lateral trochlear ridge of the talus.
- The decision whether to remove these fragments is multi-factorial and not straightforward. It depends on the intended use of the horse, resale potential and clinical signs. Surgical removal of the osseous fragment and arthroscopic evaluation of the medial malleolus may be beneficial to prevent a career limiting lameness and development of tarsocrural osteoarthritis, however this would require careful discussion with the owner and clinician in charge of the case.
- OCD commonly affects multiple joints in the same horse. Radiography of the contralateral tarsus would be recommended, together with careful clinical examination of other joints.
- The mild osteoarthritic changes are unlikely to be of current clinical significance but may require further radiographic monitoring.

Further reading

See Chapter 9: The Tarsus. Butler, J. A., Colles, C. M., Dyson, S. J., Kold, S. E., & Poulos, P. W. (2017). *Clinical radiology of the horse 4th Ed.* John Wiley & Sons.



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