



VETCT
CONSULTANTS IN TELEMEDICINE

REPORTING SERVICE: NM

Report number: VETCT-79349

Report date: 08/06/2017

Referring Veterinarian: xxxx

Referring Practice: xxxx

Email address: xxxx

Owner: xxxx Patient: xxxx

Species: Equine Breed: Lusitano Sex: Female Entire Age: 8 years

Associated cases:

Clinical History:

Xxx had a history of left forelimb lameness due to fracture of the pedal bone and side bone in May 2015 and Jan 2016 respectively. She was then lame again in Oct 2016. She was deemed sound in Mar 2017 and subsequently begin trotting. However, in Apr 2016, left hindlimb lameness was notice with slight head nod that is likely referred from the hindlimb. Since Nov 2016, she had been on on-and-off box rest up until now.

O has reported that xxx bucks and rears when she is being ridden, worst on the left circle, possibly due to long duration of box rest and discomfort of her left fore and hindlimbs.

Questions to be answered:

Number of series / images: 35 / 35

Study dated: 07/06/2017

Study received: 07/06/2017

Anatomic regions: Stifle, Tarsus/foot, Spine C1 - T2, Spine T3 - tail, Shoulder, Pelvis/hips, Carpus/foot, Elbow

Details of study and technical comments: Whole body bone phase scintigraphy. Images are of good diagnostic quality.



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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.

Diagnostic interpretation:

Forelimbs:

- There is moderate increased radiopharmaceutical uptake (IRU) in the medial palmar process of the left distal phalanx; mild uptake extends also proximal to the palmar process into the ossified medial unguicular cartilage. There is mild uptake in the lateral unguicular cartilage of the right limb suggestive of moderate ossification.
- Mild IRU is visible along the medial aspect of the right third metacarpal bone likely associated with the second metacarpal bone.

Cervical and thoracolumbar spine:

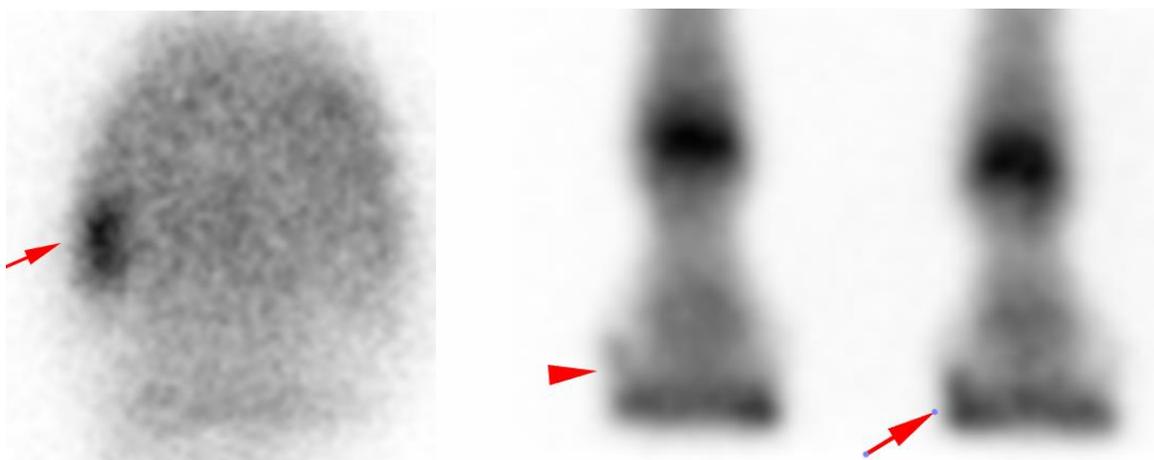
- Very mild IRU in the summit of the caudal thoracic spinous processes, likely T15-18. There is focal IRU in one of the caudal lumbar spinous processes likely L4, this is visible only in the dorsal image.

Pelvis and hindlimbs:

- There is asymmetric uptake in the tuber sacrali, with focal IRU in the caudal aspect of the left tuber sacrali. This likely represent superimposition of the urinary bladder.
- Very mild linear IRU in the subchondral bone of the right tarsometatarsal joint, likely incidental.

Conclusions:

- Moderate IRU in the medial palmar process of the left distal phalanx; likely residual bone remodelling related to the previously diagnosed fracture. DDx aseptic osteitis, bone trauma.
- Incidental medial splits in the right front limb
- Mild IRU in the caudal thoracic spinous processes and lumbar spinous process. DDx impinging spinous processes
- Asymmetric uptake tuber sacrali. DDx artefact due to superimposition of urinary bladder most likely; consider gluteal muscle atrophy as a possible differential.
- Mild IRU in the medial palmar process of the right distal phalanx and lateral palmar process of the left palmar process is due to positioning.



Left foot solar view of dorsal view of the front feet. Note the IRU in the medial palmar process of the left distal phalanx (arrows) and the uptake in the lateral unguicular cartilage in the right limb.



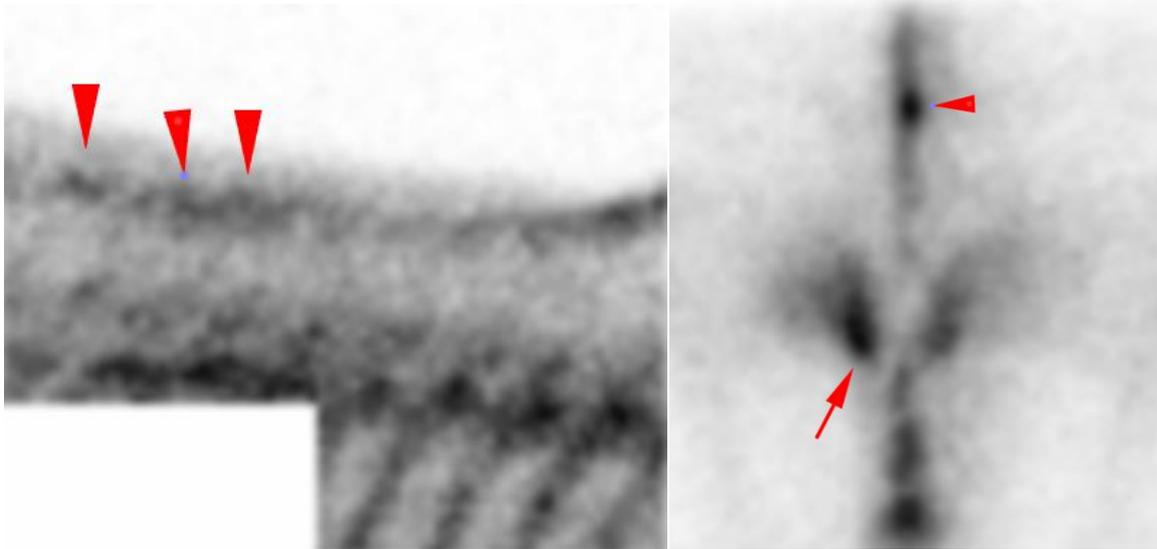
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Left lateral image of the caudal thoracic spine and dorsal view of the pelvis showing the IRU in the spinous processes (arrowheads) and the asymmetric uptake in the tuber sacrali (arrow).

Additional comments:

There are no abnormalities identified to explain the left hind limb lameness.

Spinous processes pathology might be responsible for the bucking and rearing episodes and if clinical signs of back pain are present radiographic examination of this region is recommended.

The uptake in the left distal phalanx is likely residual bone remodelling associated to the original fracture however I would expect the fracture to have completely healed 1.5y after initial diagnosis. A flexed DMPLO view is indicated to further evaluate this finding.

Reporting Radiologist:

xxx DVM, PhD, DipECVDI, MRCVS
European Specialist in Veterinary Diagnostic Imaging
RCVS Specialist in Veterinary Diagnostic Imaging

If you have any queries regarding this report then please "Add a comment" on the VetCT platform or contact info@vet-ct.com



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