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CONSULTANTS IN TELEMEDICINE

## REPORTING SERVICE: XR

Species: Equine    Breed: Warmblood    Sex: Mare    Age: 2 years, 9 months

### Clinical History:

Pre purchase x-rays

### Questions to be answered:

Number of series / images: 32 / 32

**Series:** RH\_TARSUS\_LAT, RH\_TARSUS\_DLPMO, LH\_FETLOCK\_DP, LF\_FOOT\_60 DEGREE SOLAR, LH\_STIFLE\_LAT, LH\_TARSUS\_DMPLO, RH\_FETLOCK\_DLPMO, LF\_PASTERN\_LAT, RH\_STIFLE\_LAT, LF\_FETLOCK\_LAT, LF\_FETLOCK\_DP, RF\_PASTERN\_LAT, LH\_FETLOCK\_DMPLO, RF\_NAVICULAR\_60 DEGREE, RH\_TARSUS\_DP, LH\_FETLOCK\_LAT, RH\_FETLOCK\_DMPLO, RF\_FOOT\_60 DEGREE SOLAR, RH\_FETLOCK\_DP, LH\_FETLOCK\_DLPMO, RH\_FETLOCK\_LAT, LF\_FETLOCK\_DMPLO, RF\_FETLOCK\_LAT, RF\_FETLOCK\_DMPLO, RF\_FETLOCK\_DLPMO, RF\_FETLOCK\_DP, LH\_TARSUS\_DLPMO, LF\_FETLOCK\_DLPMO, LH\_TARSUS\_LAT, RH\_TARSUS\_DMPLO, LH\_TARSUS\_DP, LF\_NAVICULAR\_60 DEGREE

**Anatomic regions:** Front fetlock - Left, Front fetlock - Right, Stifle - Left, Stifle - Right, Hind fetlock - Left, Hind fetlock - Right, Front foot/ pastern - Left, Front foot/ pastern - Right, Hind foot/ pastern - Left, Hind foot/ pastern - Right, Stifle, Tarsus - Right, Tarsus - Left, Metacarpus - Right, Metacarpus - Left, Metatarsus - Right, Metatarsus - Left

**Details of study and technical comments:** LM, DPrPaDiO P3 and DPrPaDiO Navicular views of the front feet. LM, DP, DLPMO and DMPLO views of the front fetlocks. LM, DP, DMPLO and DLPMO views of the hind fetlocks. LM, DP, DLPMO and DMPLO views of the tarsi. CdLCrMO views of the stifles. There are 32 images in total. The images are of diagnostic quality. A metallic marker is present in some images, it is assumed that this denotes lateral.

### Diagnostic interpretation:

Left fore foot



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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 has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

The dorsal hoof wall and dorsal margin of the distal phalanx are parallel. There is good laminar definition in the dorsal portion of the hoof capsule. Assessment of the palmar angle of the distal phalanx and foot balance is limited in the views provided.

At the dorsodistal aspect of the middle phalanx there is an ill-defined ovoid osseous body, which is closely opposed to the distal aspect of the dorsal cortex of the middle phalanx. There is no significant soft tissue thickening associated with the dorsal recess of the distal interphalangeal joint.

Within the distal horizontal border of the navicular bone there are several small, evenly sized synovial invaginations. These are largely confined to the axial third of the border. The flexor compacta of the navicular bone appears mildly thickened, however this is likely secondary to beam obliquity.

#### Right fore foot

The dorsal hoof wall and dorsal margin of the distal phalanx are parallel. There is good laminar definition in the dorsal portion of the hoof capsule. Assessment of the palmar angle of the distal phalanx and foot balance is limited in the views provided.

Within the distal horizontal border of the navicular bone there are several small, evenly sized synovial invaginations. These are largely confined to the axial third of the border. There is good distinction between the flexor compacta and the spongiosa of the navicular bone.

There is mild periarticular modelling at the dorsodistal aspect of the middle phalanx, without significant soft tissue thickening of the dorsal recess of the distal interphalangeal joint.



*LM views of the front feet. The dorsodistal modelling of the middle phalanges is denoted by the arrows.*

#### Left fore fetlock

No significant abnormalities detected.

#### Right fore fetlock

No significant abnormalities detected.

#### Left hind fetlock



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The dorsoproximal aspect of the sagittal ridge of the third metatarsal bone is mildly smoothly irregular. There is mild thickening of the proximal subchondral bone plate of the proximal phalanx.

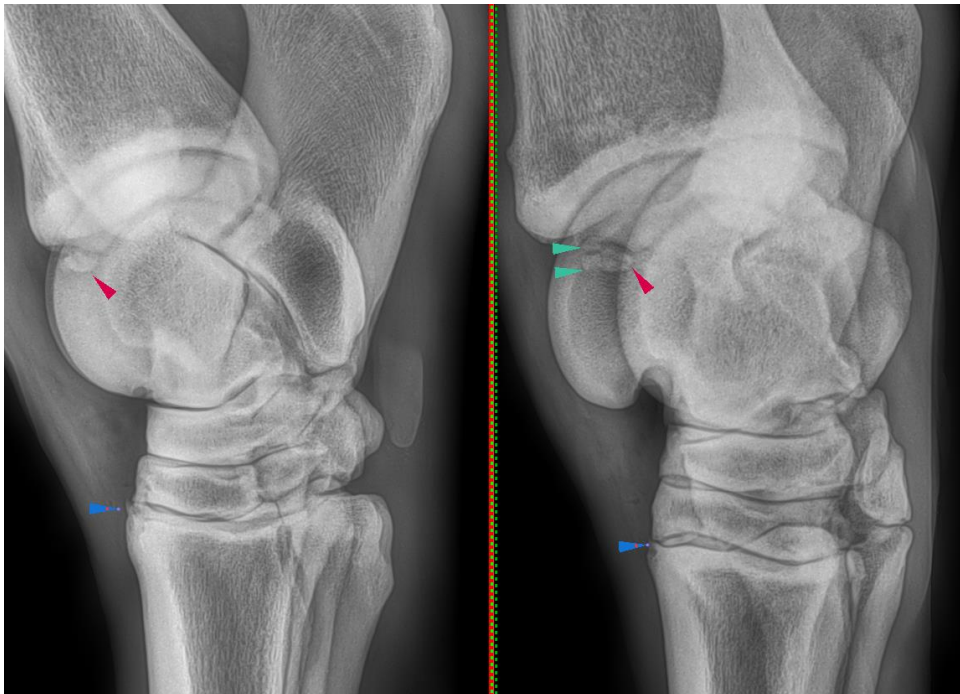
### Right hind fetlock

Similar to the contralateral limb, the proximal subchondral bone plate of the proximal phalanx is moderately thickened.

### Left tarsus

The distal aspect of the distal intermediate ridge of the tibia is moderately flattened. Distal to this there are at least 2 well-defined osseous fragments, the largest measuring 10mm in dorsoplantar depth, with two smaller fragments dorsal to this measuring 5mm and 4.5mm respectively. The smaller fragment is situated mildly dorsally relative to the larger fragment. There is very mild soft tissue thickening at the medial aspect of the tarsocrural joint.

At the dorsoproximal aspect of the third metatarsal bone there is a small well-defined dorsally oriented osseous spur. There is mild modelling of the dorsodistal aspect of the third tarsal bone, with mild thickening of the dorsodistal subchondral bone plate, and focal lucent regions within this dorsally.



*LM and DMPLO views of the left tarsus showing the large osseous fragment (red arrows) and two smaller osseous fragments (green arrows) at the distal extent of the distal intermediate ridge of the tibia. The blue arrows denote the small osseous spur at the dorsoproximal aspect of the third metatarsal bone and the mild modelling of the tarsometatarsal joint.*

### Right tarsus

At the dorsal aspect of the tarsometatarsal joint there is mild periarticular lipping, most affecting the dorsodistal aspect of the third tarsal bone.



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*LM and DMPLO views of the right tarsus showing the mild modelling of the dorsal aspect of the tarsometatarsal joint.*

Left stifle

No significant abnormalities detected.

Right stifle

No significant abnormalities detected.

**Conclusions:**

- Osteochondrosis dissecans (OCD) of the **left** tarsus, with defect in the distal intermediate ridge of the tibia and at least 3 osseous fragments associated with this. There is minimal effusion of the tarsocrural joint visible on these radiographs.
- Mild tarsometatarsal joint osteoarthropathy **bilaterally**, more affecting the left tarsometatarsal joint.
- Osseous spur at the dorsoproximal aspect of the **left** third metatarsal bone, likely consistent with enthesopathy of the insertion of the tibialis cranialis or the peroneus tertius.
- Irregular contour of the dorsodistal margin of the left fore middle phalanx, likely consistent with beam obliquity and mild modelling in this region. An osseous fragment is considered unlikely, however this cannot be entirely ruled out. There is minimal synovial distension of the distal interphalangeal joint in these radiographs.

**Additional comments:** The OCD lesions detected in the left tarsus are potentially clinically significant in a horse of this age and type so clinical correlation is advised.

The other findings are considered of unlikely clinical significance, although progression of the tarsometatarsal joint changes cannot be ruled out.

**Reporting Radiologist:** VetCT Equine Radiologist

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



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