VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Feline Breed: Domestic Shorthair (DSH) Sex: Female Neutered Age: 1.5 years

Clinical History:

Left pelvic limb lameness of one month duration that is non responsive to medication.

Details of study and technical comments: A radiographic study of the stifles and tarsi is presented for evaluation. The study consists of flexed mediolateral and caudocranial views.

Diagnostic interpretation:

Stifles:

There is a small rounded, well defined mineral opacity immediately cranial to each of the femorotibial joints. These measure approximately 1.5mm diameter and they have smooth peripheral margins. The mineral opacities are not identified in the craniocaudal views.

All other osseous structures of the stifles are unremarkable.

The infrapatellar fat pads are normal in size, with no signs of displacement.

Left tarsus:

There is severe diffuse thickening of the distal aspect of the common calcaneal tendon (image below, red arrows). The swelling extends distal and plantar to the calcaneus, along the subcutaneous tissues. A small focal defect is identified in the caudal cortical bone of the calcaneus measuring 2.5 mm diameter (image below, green arrows).

All other bone structures of the tarsus are within normal limits. There is no evidence of intraarticular swelling.

Right tarsus:

The common calcaneal tendon has a normal thickness and position.

All other tarsal structures are similar to the left side, without any visible anomalies.

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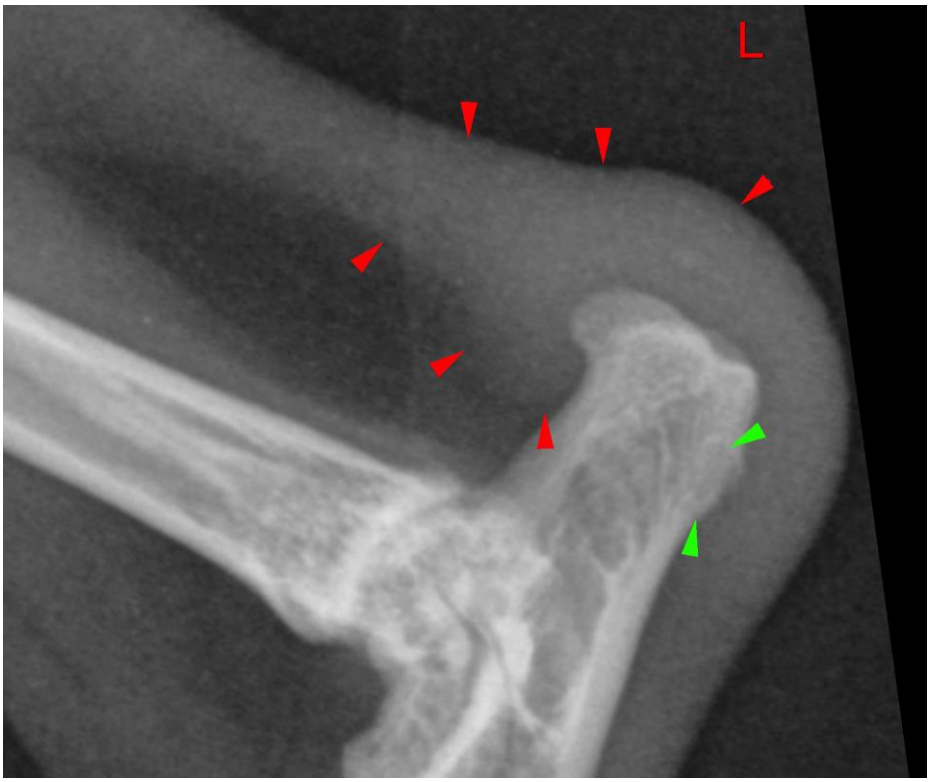

Conclusions:

- Left calcaneal tendon thickening with mild focal osseous changes caudal to the calcaneus. Differentials include injury of one or multiple components of the tendon. Injury can include partial tear or rupture.
- Symmetrical small mineral bodies associated with the stifles. Bilaterally symmetrical. This may be calcification of the meniscus or a small sesamoid. Most likely incidental.

Additional comments:

The left calcaneal changes are severe and they most likely explain the clinical signs. This could be the result of a penetrating injury such as a bite wound, blunt trauma to the area or even a hyperflexion injury with partial rupture of the tendon.

Thorough assessment of the area to try to identify signs supportive of a penetrating injury is recommended. An ultrasound couldb considered to evaluate the lesion and to determine the integrity of the common calcaneal tendon fibers.

- This case highlights the importance of taking radiographs of both limbs, even in cases where clinical signs are unilateral. For the stifles, the fact that the mineral opacity is bilateral and symmetrical, helps us determine that this is most likely incidental. In the tarsi, having both radiographs to compare is very useful to determine the extent of the swelling, and to identify the very subtle bone changes that could otherwise be overlooked.