



DATE: January 6, 2024

STUDY DATE: January 4, 2024

REFERRING VETERINARIAN: Dr. Example Clinician of Example Equine Hospital

PATIENT INFORMATION:

Example Horse – Example Client

8 Year Old Warmblood Mare – Low Level Eventing

CLINICAL HISTORY:

History of navicular problem and hoof pain in the front limbs and suspensory ligament pain in both hindlimbs. Treated several times with IRAP and SW in the area without clear improvement. Now, she is lame left hind and right front. Blocked partially to a 4-point low in the right front and tibialis nerve in the left hind. No improvement after treatment in the fetlock right front and hock and fetlock left hind. The lameness was not possible to block completely in the left hind after a tibialis block, so scintigraphy is requested for further diagnose. Examination areas: left hind, pelvis, right front, and neck.

NUCLEAR SCINTIGRAPHY FINDINGS:

FORELIMB BONE SCAN:

- Bilateral P3: mild to moderate IRU
- Left proximal, palmar MC3: minimal IRU

HINDLIMB BONE SCAN:

- Left proximal tibial tuberosity: mild IRU

PELVIS BONE SCAN:

- No abnormalities are identified

SPINE BONE SCAN:

- No abnormalities are identified

IMPRESSIONS:

Suspected left patellar enthesopathy at the distal attachments vs. cranial meniscotibial ligament enthesopathy.

Bilateral front pedal osteitis.

Mild uptake of the left metacarpus may represent suspensory origin enthesopathy.

Example Radiologist, DVM, DACVR