

DATE: January 10, 2024

STUDY DATE: January 7, 2024

REFERRING VETERINARIAN: Dr. Example Clinician of Example Equine Hospital

PATIENT INFORMATION:

Example Horse – Example Client

9 Year Old Warmblood Gelding – Hunter

CLINICAL HISTORY:

This is a pre-purchase exam. No significant concerns were identified on baseline exam. The horse is very active in caudal motion through his hocks and stifles when trotting in both directions. Neurologic evaluation was normal. Flexions were all acceptable in hind end and mild 1.5/5 positive to right front distal limb flexion.

STUDY DESCRIPTION:

Radiographs labeled “Example Horse” are available as DICOM images.

RADIOGRAPHIC FINDINGS:

D=dorsal, P=palmar/plantar, L=lateral, M=medial, Pr=proximal

LEFT FRONT FOOT:

DP, D65Pr-P, LM, and navicular skyline views are available for review. A shoe is in place for the examination. The toe of the hoof capsule is slightly long and the solar margin of the distal phalanx is parallel to the ground.

RIGHT FRONT FOOT:

DP, D65Pr-P, LM, and navicular skyline views are available for review. A shoe is in place for the examination. A very small osseous fragment is arising from the distal, medial margin of the navicular bone. The toe of the hoof capsule is slightly long. The foot has a more upright conformation than the left front.

LEFT FRONT FETLOCK:

DP, LM, DMPLO, DLPMO views are available for review. No abnormalities are identified.

RIGHT FRONT FETLOCK:

DP, LM, DMPLO, DLPMO views are available for review. No abnormalities are identified.



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LEFT HIND FETLOCK:

DP, LM, DMPLO, DLPMO views are available for review. No abnormalities are identified.

RIGHT HIND FETLOCK:

DP, LM, DMPLO, DLPMO views are available for review. There is a 0.6cm, smoothly margined osseous fragment arising from the medial plantar process of the proximal phalanx. No fetlock osteoarthritis is identified.

LEFT TARSUS:

DP, LM, DMPLO, DLPMO views are available for review. The distal margin of the intermediate ridge of the tibia is slightly concave and a faint, crescent shaped, mineral opaque structure is present along the tibia at this level. No significant tarsocrural joint effusion is identified.

RIGHT TARSUS:

DP, LM, DMPLO, DLPMO views are available for review. A well-defined, 1.1cm osseous fragment is arising from the distal margin of the intermediate ridge of the tibia with an associated defect of the tibia at this level. No significant tarsocrural joint effusion is identified.

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LEFT STIFLE:

LM, caudolateral-craniomedial oblique and caudocranial views are available for review. No abnormalities are identified.

RIGHT STIFLE:

LM, caudolateral-craniomedial oblique and caudocranial views are available for review. No abnormalities are identified.

CERVICAL SPINE:

Six lateral views of the cervical spine are available for review. The C6-7 articular processes are mildly enlarged with a small amount of well-defined periarticular new bone dorsally. The inter- and intra-vertebral ratios are unremarkable.



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THORACIC SPINE:

Four lateral views of the dorsal processes of the thoracic spine are available for review.
No abnormalities are identified.

IMPRESSIONS:

Mild osteoarthritis of the C6-7 articular processes.

Bilateral developmental lesions of the distal tibiae (DIRT lesions) without associated tarsocrural joint effusion.

Right hind developmental osseous fragment arising from the medial plantar process of the proximal phalanx.

Medial distal border fragment of the right front navicular bone.

Slightly asymmetric front foot conformation.

Example Radiologist, DVM, DACVR