Medical report

Data

Name:	Archibald
Species:	kutya
Breed:	labrador retriever
Sex:	kan
Age:	4 év
Weight:	36 kg
Owner:	Szecső, Attila Csaba, 2040 Budaörs Fodros u. 21.
Tel.:	06-20-9345061
Clinician:	dr. Kizman, András

MR examination of the spine, the pelvis, the right and the left hind leg

T2-weighted sagittal views were made of the entire spine. STIR dorsal views were made of the pelvis and sagittal of the right hind limb from the distal end of the femur. T2- weighted transversal views were made from the end of L6 to the end of sacrum. PD fat-suppressed sagittal and plantar views were made of the right and left hind limb from the distal end of the femur. PD fat-suppressed transversal views were made of both tarsus. STIR plantar and transversal views were made of the right tarsus.

Spine: there are 7 cervical, 13 thoracic and 7 lumbar vertebrae, normal. The intervertebral discs are normal. There is no narrowing of the spinal canal. The segments of the sacrum are not completely fused. The muscles of the back, pelvis and thigh are well developed and they are normal in appearance.

Pelvis: os ilium ala ossis ilii sin. is thick compared to the os ilium ala ossis ilii dex. (the difference is 4 mm) and it's dorso-cranial end is more round in shape. The difference is best visible on the a dorsal and transversal views, and it is also present on the CT images made in Primavet on the 27th of May 2024. There is a round shape fluid containing area near the art. sacroiliaca in os ilium. Both hip joints are congruent, there is no intraarticular effusion, normal. There is no enlarged lymph node.

Left leg: os sesamoidea m. gastrocnemii lat. is divided. There is a small amount of effusion between the tendo calcaneus communis and tuber calcanei, mainly in the bursa tendinis calcanei. The united tendon of m. biceps femoris, m. semitendinosus and m. soleus has lost normal structure, it has inhomogen signal intensity and is thickened 2 cm proximal to its attachment site. The tendon of m. gastrocnemius is slightly thinner before attachment. The tendon of m. flexor digit. superficialis is continuous. There is no abnormality in the bones of the tarsus and at the metatarsal region.

Right leg: there is fluid (effusion) and tissue proliferation around the tuber calcanei mainly in the bursa tendinis calcanei and bursa calcanea m. flexoris digit. superficialis. The united tendon of m. biceps femoris, m. semitendinosus and m. soleus has inhomogen signal intensity in the last 1.5 cm and it is not visible all the way till its attachment site. The origin of m. gastrocnemius is normal, but it is slightly thinner before its attachment. There is no abnormality in the bones of the tarsus and at the metatarsal region.

Opinion

Spine: no spinal canal narrowing. Sacrum is not fused completely – incidental finding.

Pelvis: os ilium ala ossis ilii sin. thicker than on the right side (difference 4 mm) with a more round dorzo-cranial end – may be congenital malformation, it should be compered to the earlier roentgen images (eg. for hip dysplasia). There is no clear sign of neoplasia but together with the radiopaque nodule in the lobus caudalis sin. pulm. that is visible on the CT images made in Primavet on the 27th of May 2024., it sould be monitored. In the same CT examination material visible the asymmetry between the left and right ala ossis ilii. Fluid containing strucure in os ilium near art. sacroiliaca – may be normal vessel, or iatrogenic or cystic change.

Hind legs: os sesamoidea m. gastrocnemii lat. of the left leg is divided.

left tarsus: tendo calcaneus communis injury (united tendon of m. biceps femoris, m. semitendinosus and m. soleus is ruptured and/or inflammed and/or there are degenerativ changes), the tendon of m. gastrocnemius is slightly thinned before its attachment, and the tendon of m. flexor digit. superficialis is continuous. Distended bursa calcanei.

right tarsus: partial injury of tendo calcaneus communis (m. biceps femoris, m. semitendinosus, m. soleus). The tendon of m. gastrocnemius is slightly thinned before its attachment. The tendon of m. flexor digit. superficialis is continuous. Bursitis: b. calcanea m. flexoris digit. superficialis and b. tendinis calcanei. It is advised to take sample from the fluid and tissue prolifertion for analysis.

Injury to the tendo calcaneus communis is rare, most often it is due to direct trauma. According to the literature it may occur with corticosteroid, fluoroquinolone and non-steroidal antiinflammatory treatment, obesity, diabetes, and hyperadrenocorticism. At the present case – young adult athletic hunting dog without known direct trauma – chronic overuse injury and/or degenerative tendon tear could be the cause. Repetitive injury to the tendo calcaneus communis sin. may be the consequence of change in normal weight bearing due to the deformity of ala ossis ilii sin. Secondary to this, the work load increased on the right hind leg, which could cause the bursitis.

To make appropriate medical treatment, it is necessary to know the interventions that were carried out on the 5th of June 2024., namely the location and method of suturing one tendon; the exact location of bone marrow harvest, its amount, and the diameter of trocar that was used; the inserted material's amount and the exact injection sites.

28th July 2024.

Dr. Benczik, Judit Ph.D.
benczikj@freemail.hu
Tel.: +36/20-2255449