

Name owner:
Stall Tilly AB

Name horse:
WINNER TILLY

Age horse:
x

Sex horse:
x

Identification horse:
86611

Discipline:
x

RVDM:
Dr Croon

Study date:
Aug 15th 2023



Short history: Rescan – previous MRI report provided. Has been resting since then.

Technical: multiplanar T1, T2 and STIR images of the LF foot to fetlock. T1 and T2 images of the LF metacarpus and proximal metacarpus including. The frontal STIR images of the fetlock and proximal metacarpus have insufficient inversion and contain motion.

RESULTS

LF foot and pastern

- Mild STIR hyperintensity at the flexor surface of the distal phalanx (Figure 1)
- Very faint STIR hyperintensity is identified in the base of the lateral ungular cartilage (Figure 2)
- The lateral collateral ligament of the distal interphalangeal joint is no longer abnormal

LF fetlock

- Mild thickening of the subchondral bone plate of the medial glenoid cavity of the proximal phalanx and mild hypointensity in the trabecular bone of the dorsomedial condyle of the distal metacarpus.
- The medial suspensory branch has normal signal intensity on today's examination.
- The lateral suspensory branch contains a horizontal hyperintense line through it and slightly more proximal a small hyperintense indentation in the lateral margin (Figure 3 and 4).

LF metacarpus to proximal metacarpus

- There remains triangular regional abnormal signal intensity within the palmaromedial trabecular bone of the proximal metacarpus (Figure 5).
- The signal intensity in the dorsal collagenous portion of the medial lobe of the proximal suspensory ligament has largely normalized but there remains a central faint hyperintensity (approximately 4 cm distal to the carpometacarpal joint) (Figure 6)
- There is a focal hyperintensity in the lateral margin of the superficial digital flexor tendon at the proximal metacarpus (Figure 7)

IMPRESSION / CONCLUSION

LF foot and pastern

- Mild STIR hyperintensity with bone fluid like material at the flexor surface of the distal phalanx
 - This can sometimes be seen with an sudden onset of prolonged rest.
 - The STIR hyperintensity may represent transient edema/inflammation, hemorrhage/hyperemia, bone contusion and/or degenerative changes.
- Very faint STIR hyperintensity consistent with bone fluid like material is identified in the base of the lateral ungular cartilage
 - The STIR hyperintensity may represent transient edema/inflammation, hemorrhage/hyperemia, and/or bone contusion

LF fetlock

- Mild thickening of the subchondral bone plate of the medial glenoid cavity of the proximal phalanx and mild hypointensity in the trabecular bone of the dorsomedial condyle of the distal metacarpus. – most consistent with adaptive remodelling.
- Very mild changes to the lateral suspensory branch – desmitis/desmopathy.

LF metacarpus to proximal metacarpus

- There remains triangular regional abnormal signal intensity within the palmaromedial trabecular bone of the proximal metacarpus. This is more consistent on today's examination with sclerosis as no overt fat water cancellation observed consistent with bony fluid.
- The signal intensity in the dorsal collagenous portion of the medial lobe of the proximal suspensory ligament has largely normalized but there remains a central faint hyperintensity (approximately 4 cm distal to the carpometacarpal joint) – desmitis/desmopathy.
- There is a focal hyperintensity in the lateral margin of the superficial digital flexor tendon at the proximal metacarpus.
 - This is most consistent with a prominent bundle of connective tissue. Alternatively it may represent an injury to the SDFT – if clinically indicated U/S with doppler may help further characterize this.

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KEY IMAGES

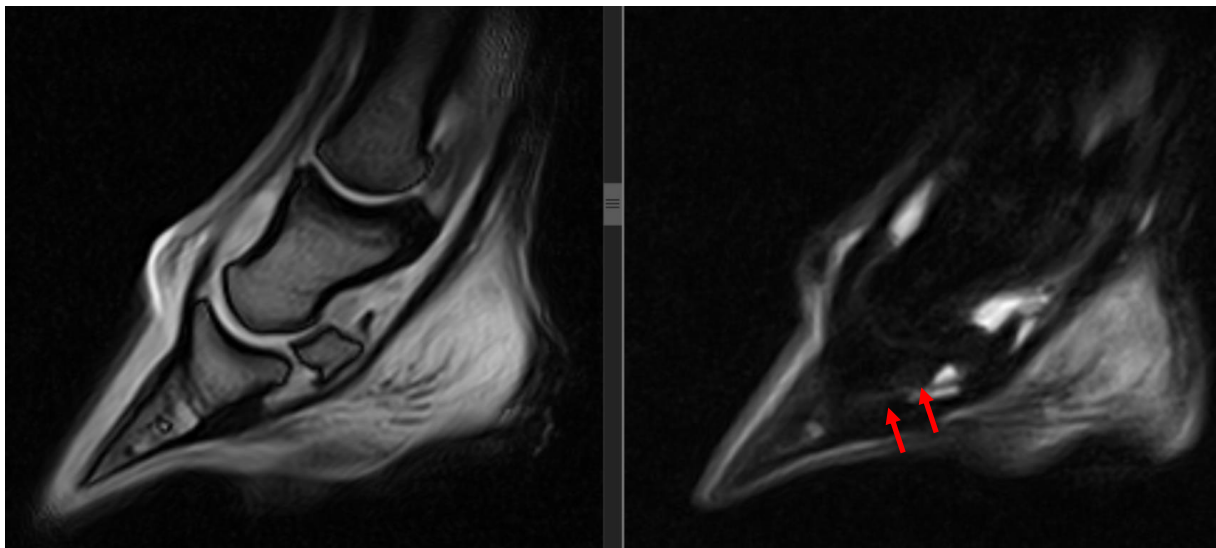


Figure 1

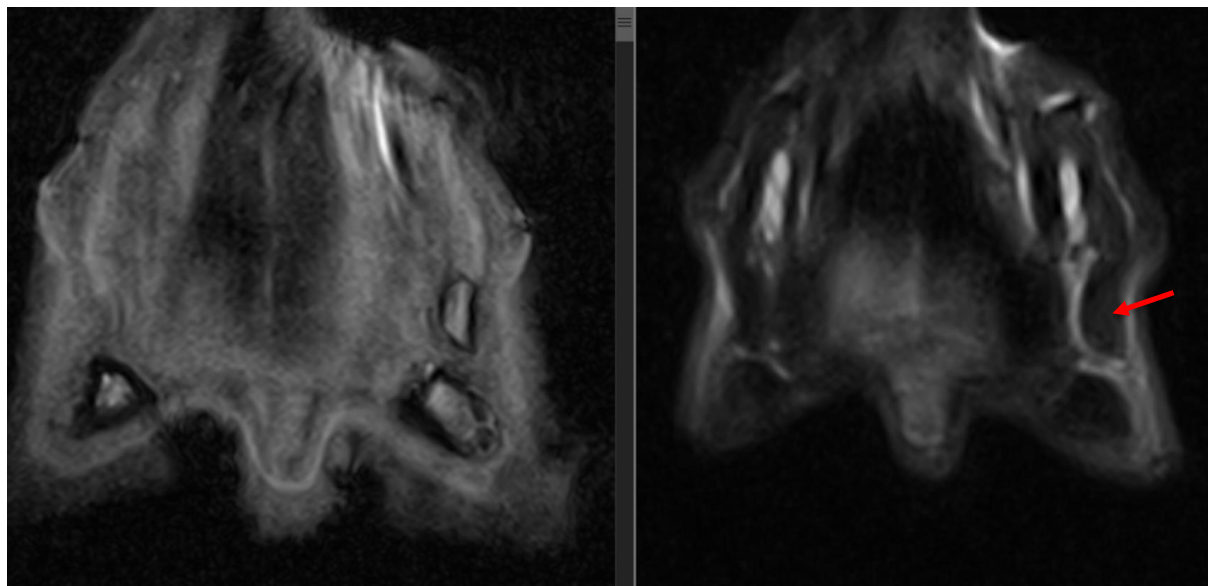


Figure 2

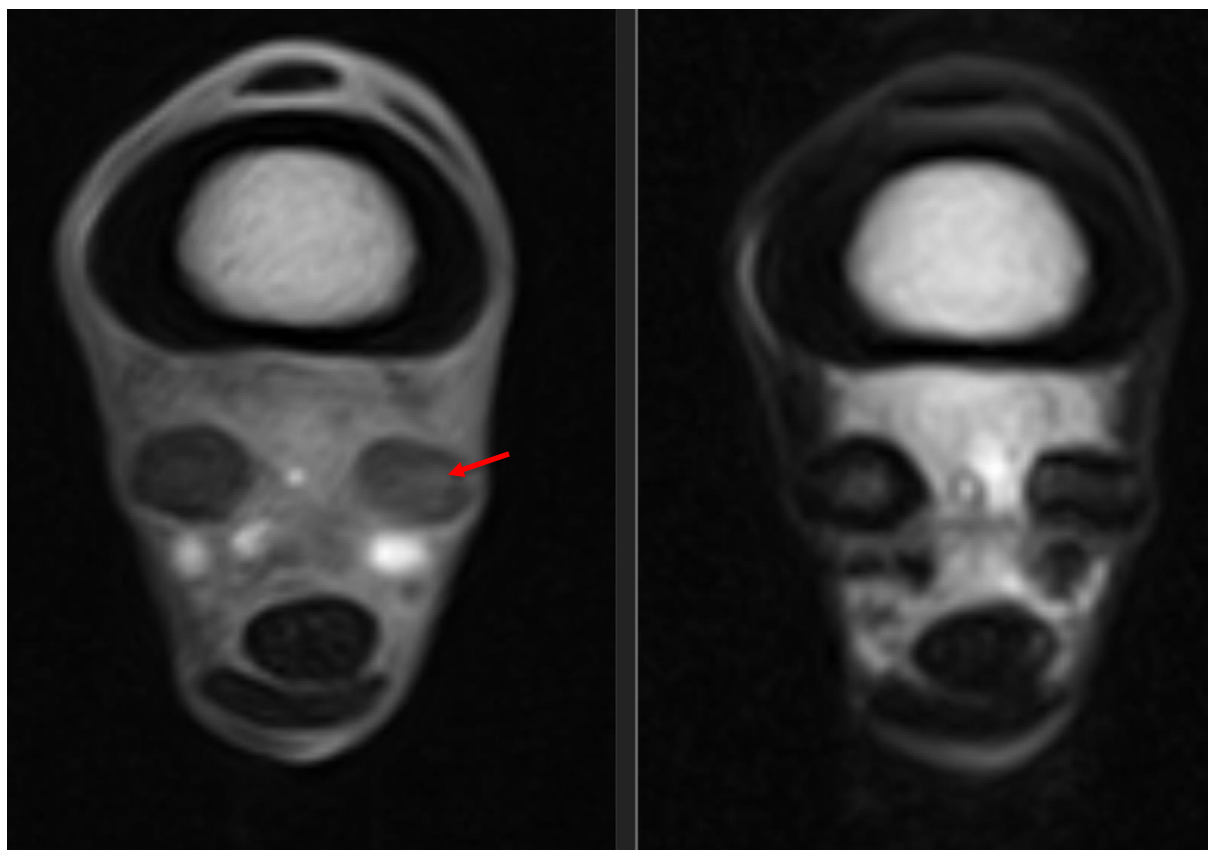


Figure 3

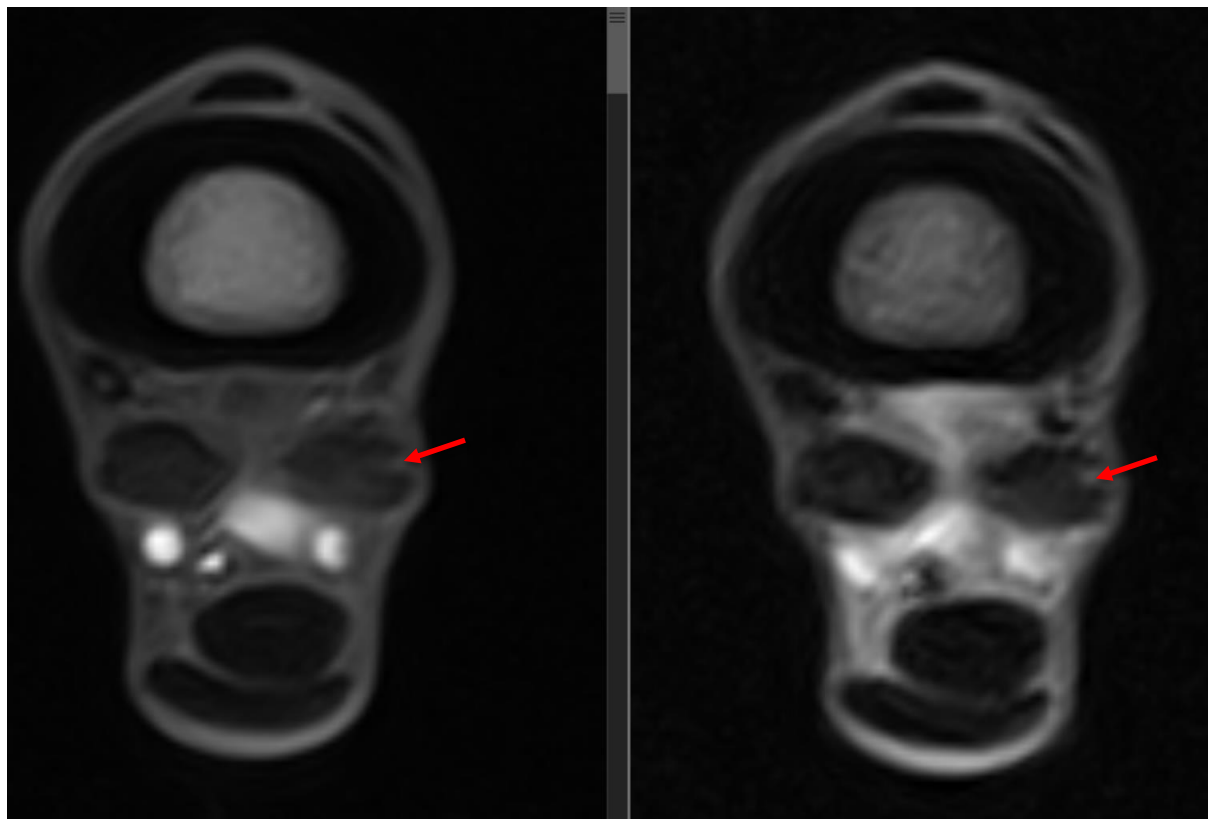


Figure 4

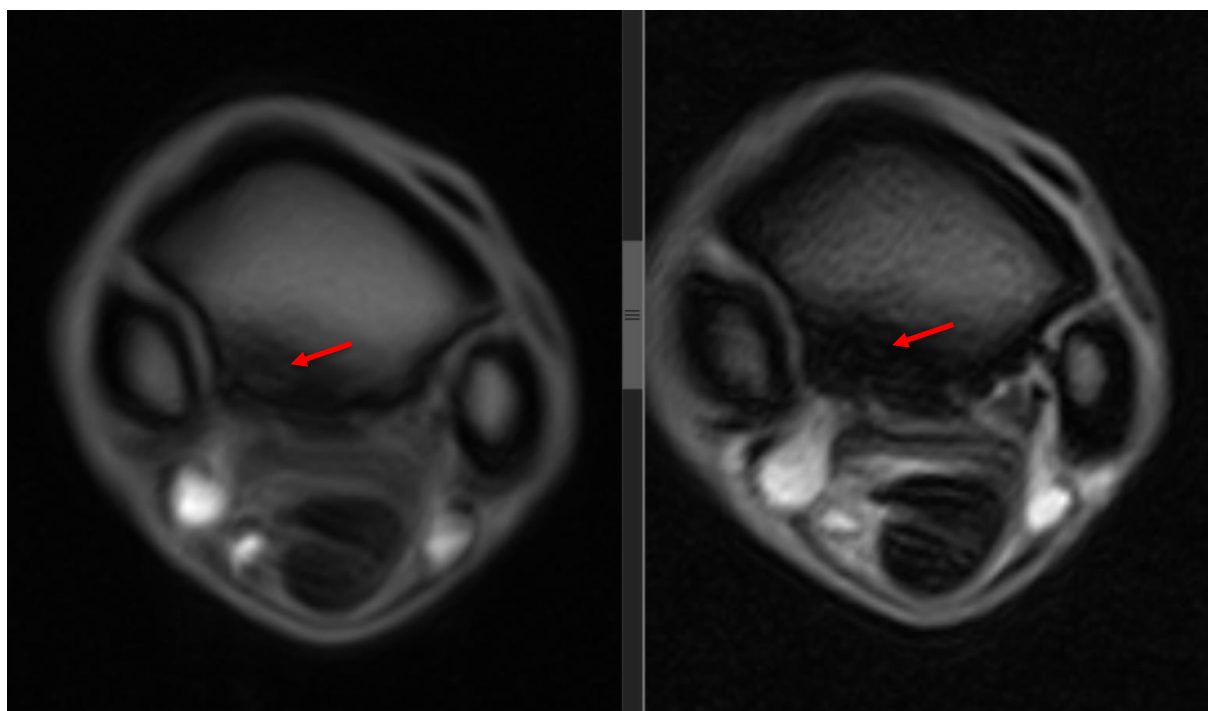


Figure 5

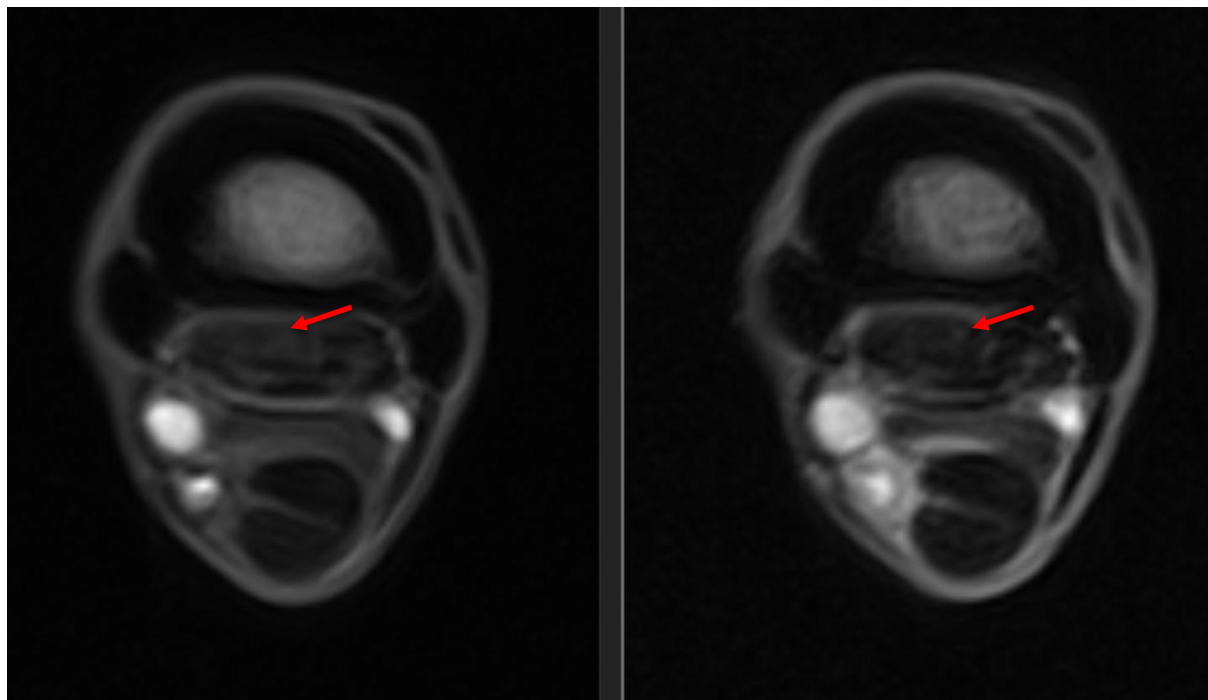


Figure 6

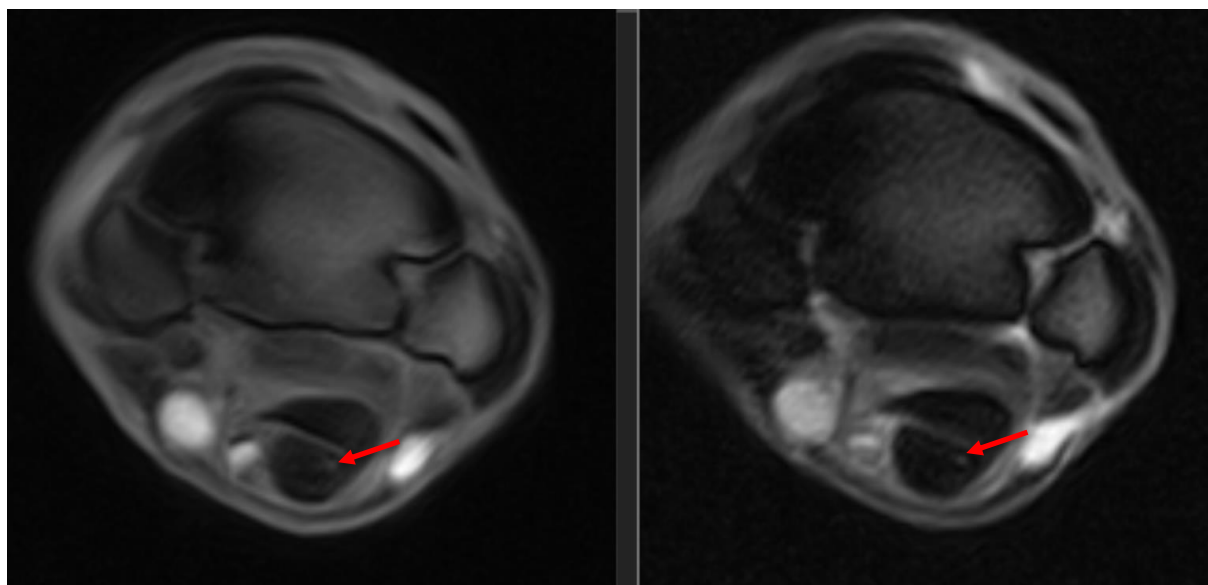


Figure 7