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WINNER TILLY

MRI REPORT

This interpretation is based on an MRI study performed on 24th February 2023 at Malaren Hastklinik

LF metacarpal region

There is a wedge shape of abnormal signal intensity within the trabecular bone of the palmar proximal medial third of the third metacarpal bone (MC3) and asymmetric thickening of the palmar endosteal margin of MC3 consistent in appearance with a stress fracture within this region (T1 GRE FRO Im: 9, T1 GRE TRA Im: 2, 3). The origin of the proximal suspensory ligament (PSL) is within normal appearance but just distal to its origin there is enlargement of the PSL evidenced by a convex palmar margin and abnormal mildly increased signal intensity within the dorsal body of the mid to medial lobe of the PSL (T1 GRE TRA Im: 3, 4, 5).

LF pastern and fetlock

There is mildly variable signal intensity within the medial branch of the suspensory ligament (T1 GRE TRA Im: 1). There is a small area of abnormal signal intensity within the trabecular bone of the dorsodistal aspect of the medial condyle of MC3 and mild thickening of and variable signal intensity within the subchondral bone plate of the proximal medial aspect of the proximal phalanx (P1) (T2* GRE FRO Im: 7). The metacarpophalangeal (MCP) joint is not abnormally distended. Images of the pastern region are otherwise unremarkable.

LF foot

There is abnormal increased fluid signal within the ossified lateral cartilage of the foot (STIR FRO Im: 3, T1 3D GRE TRA Im: 18). There is abnormal increased signal intensity within the distal body of the lateral collateral ligament of the DIP joint (T2 FSE TRA Im: 9). Tissues are otherwise within normal appearance.

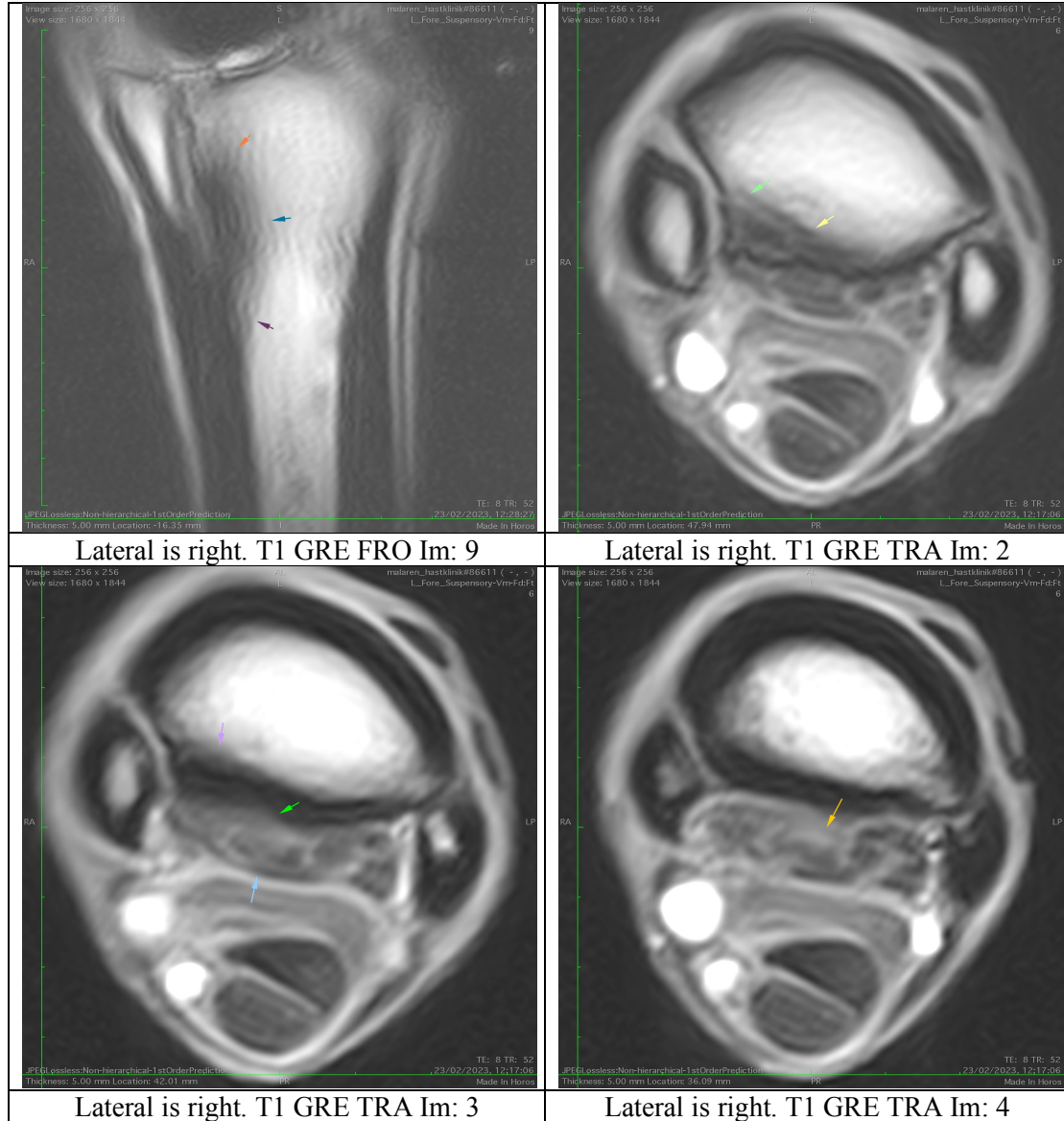
Summary

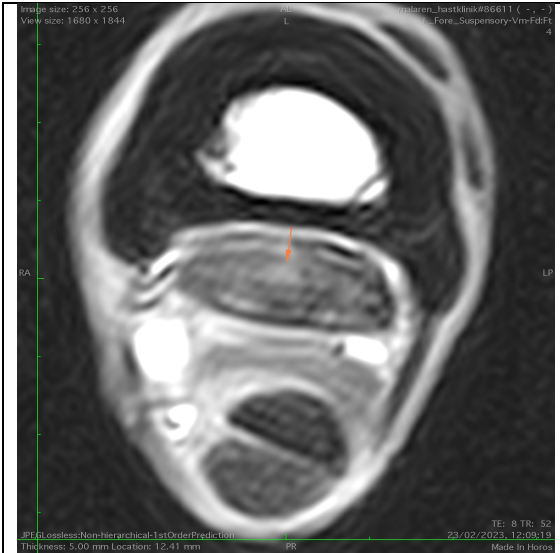
- Stress fracture within the palmar proximal medial aspect of MC3, LF
- Moderate desmitis of the dorsal body of the PSL, LF
- Mild desmitis within the medial branch of the suspensory ligament, LF
- Mild overloading of the dorsodistal medial condyle of MC3, LF
- Inflammation within the ossified lateral cartilage of the foot, LF

- Mild desmitis of the lateral collateral ligament of the DIP joint, LF

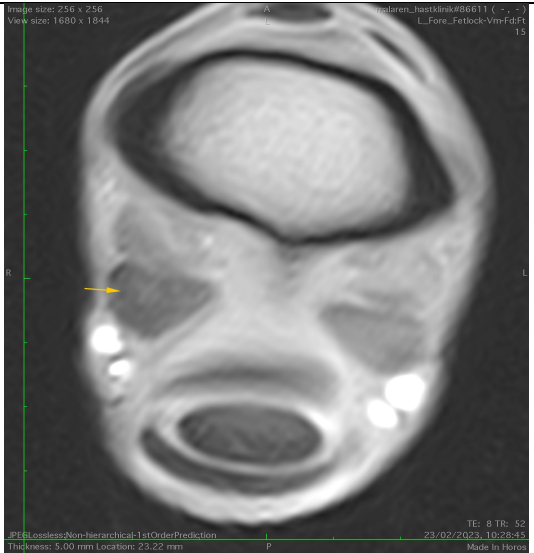
Meredith A. Smith
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LF

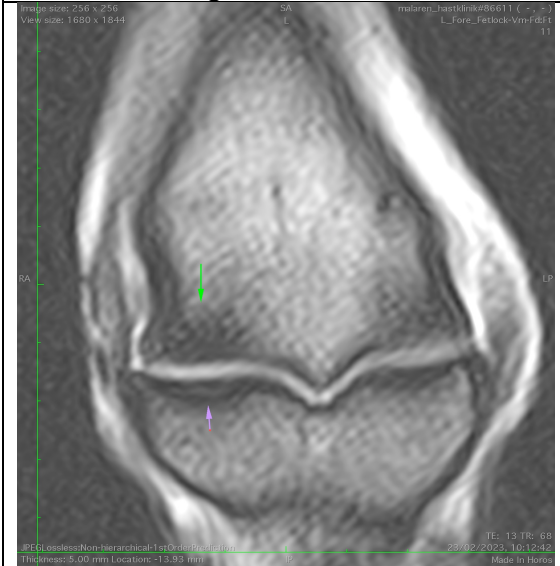




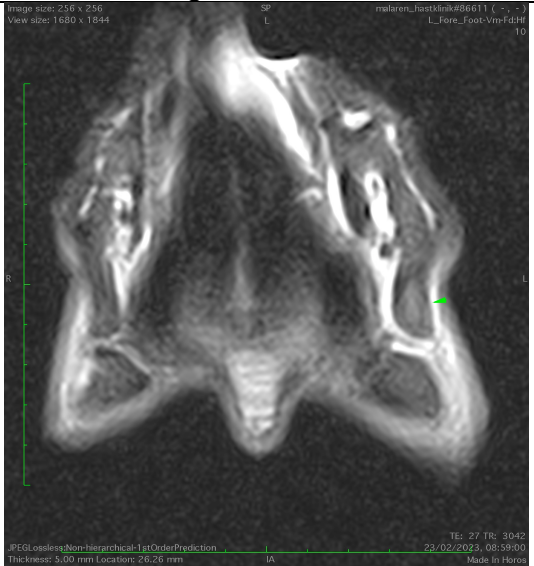
Lateral is right. T1 GRE TRA Im: 5



Lateral is right. T1 GRE TRA Im: 1



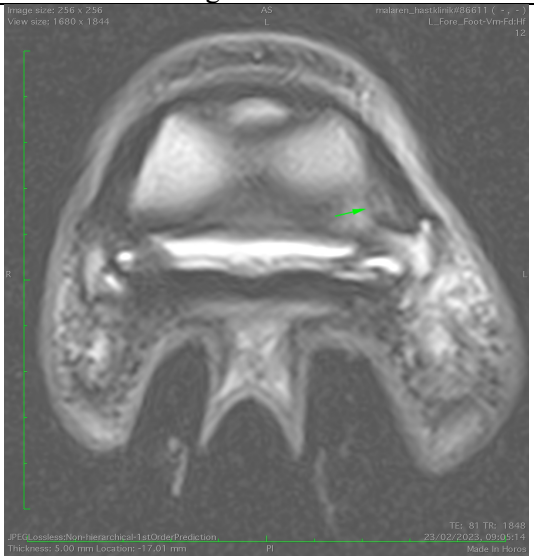
Lateral is right. T2* GRE FRO Im: 7



Lateral is right. STIR FRO Im: 3



Lateral is right. T1 3D GRE TRA Im: 18



Lateral is right. T2 FSE TRA Im: 9