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**ZONIA WALLACE**

**FURTHER MRI REPORT**

This interpretation is based on a further MRI study performed on 22<sup>nd</sup> June 2018 at Oakhill Veterinary Centre.

**RF foot**

Compared with images from February 2017, there is now a normal degree of fluid distension and unchanged mild peri-articular modelling within the DIP joint (T1 3D GRE SAG Im: 13). There is reduction of the increased signal within the dorsal margin of P3 on images from a STIR pulse sequence (STIR SAG Im: 6). There is unchanged mild invagination within the distal border of the navicular bone on midline (T2\* 3D GRE SAG Im: 13) and uniform unremarkable signal throughout the navicular spongiosa (STIR SAG Im: 6). There is reduction in cross sectional area of the core lesion within the lateral lobe of the DDFT within the distal aspect of the digital flexor tendon sheath (DFTS) (T1 3D GRE TRA Im: 8) and proximal recess of the navicular bursa (T2 FSE TRA Im: 7, T1 3D GRE TRA Im: 14, 17). The lateral lobe of the DDFT abuts and is likely adhered to the collateral sesamoidean ligament (CSL) within the bursa (T2 FSE TRA Im: 7).

**LF foot**

Distal phalanx (P3) and middle phalanx (P2)

The distal interphalangeal (DIP) joint is not abnormally distended and there is unchanged mild peri-articular modelling of the dorsodistal aspect of P2 (T2\* 3D GRE SAG Im: 14). Compared with 2017, there is mildly more established modelling of the distal medial margin of P3 (T1 3D GRE TRA Im: 25).

The abnormal increased signal present within the trabecular bone of the dorsomedial and dorsolateral and mid to palmar aspects of proximal P2 on images from a STIR pulse sequence has largely resolved (STIR SAG Im: 6), with residual mild signal present within dorsoproximal P2 adjacent to mild modelling of this aspect. There is now minimal abnormal fluid signal within the dorsal margins of P3 also (STIR SAG Im: 6) and unchanged mild modelling of P3 at the insertion of the lateral collateral ligament of the DIP joint (T1 3D GRE TRA Im: 25).

The abnormal fluid signal within the navicular spongiosa has virtually resolved (STIR SAG Im: 6). The navicular bursa is not abnormally distended and the supporting ligaments are well defined (STIR SAG Im: 6). There is an unchanged small and focal region of dorsal margin irregularity of the medial lobe of the DDFT within the proximal recess of the navicular bursa (T2 FSE TRA Im: 8). Otherwise there is now

mild enlargement of the distal lateral lobe of the DDFT close to its insertion onto P3 (T1 3D GRE TRA Im: 25).

## Summary

- Reduction in cross sectional area of a linear parasagittal split within the lateral lobe of the DDFT within the distal DFTS and proximal navicular bursa, RF
  - Less swelling of the lateral lobe within the navicular bursa
- Mild desmitis of the CSL, LF > RF
- Resolution of the majority of “inflammation”/degeneration within the mid to lateral aspect of the navicular spongiosa LF
- Quiescent peri-articular modelling of dorsoproximal P2 LF
- Resolution of bone marrow lesion within the proximal mid to palmar aspect of P2 LF
- Unchanged small and focal lesion of the medial lobe of the DDFT within the proximal navicular bursa, LF
- Minimal “inflammation” within the dorsal margins of P3, LF and RF

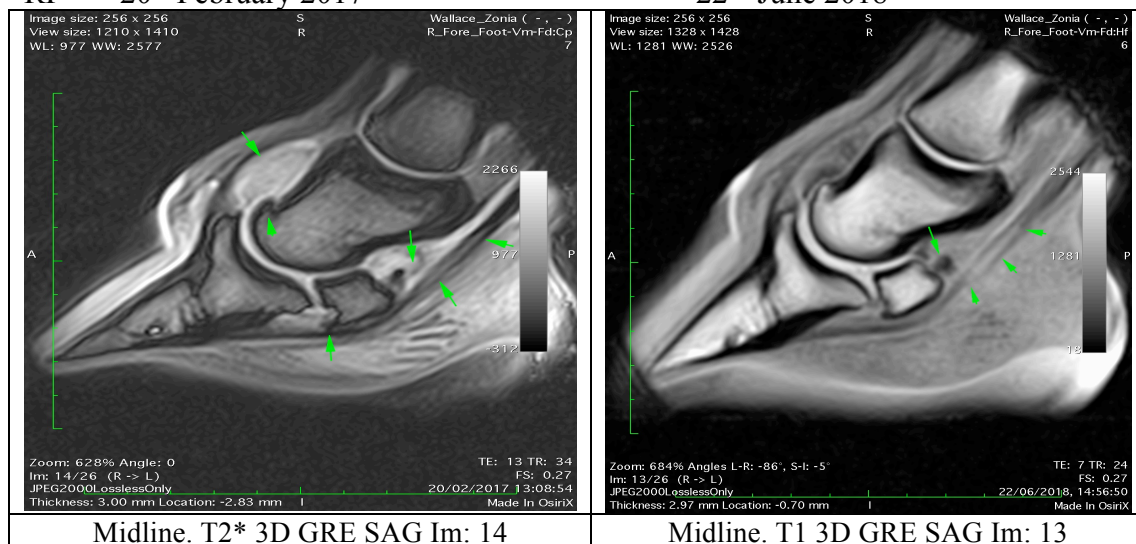
Improved hoof pastern conformation is noted in both front feet.

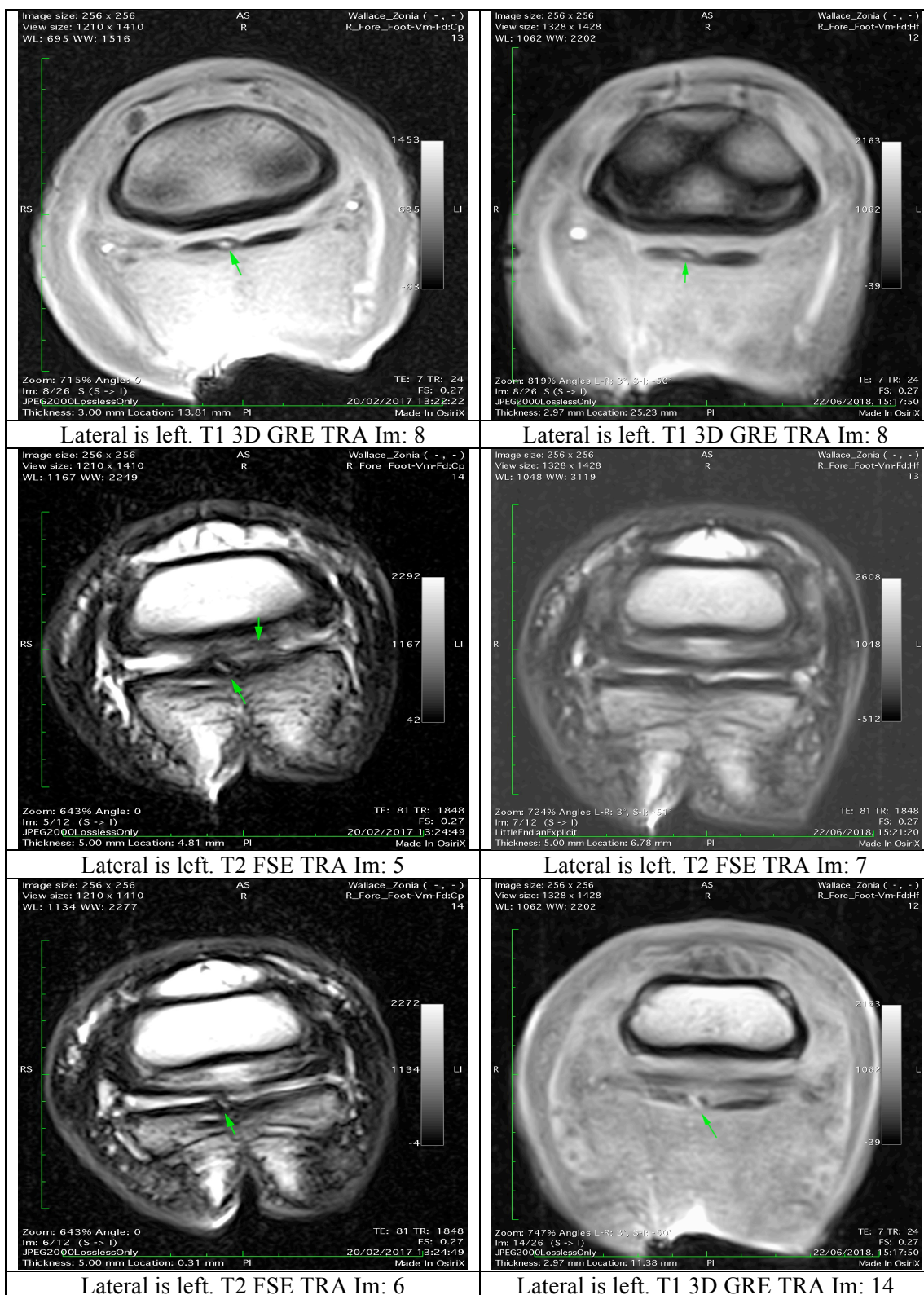
**Meredith A. Smith**

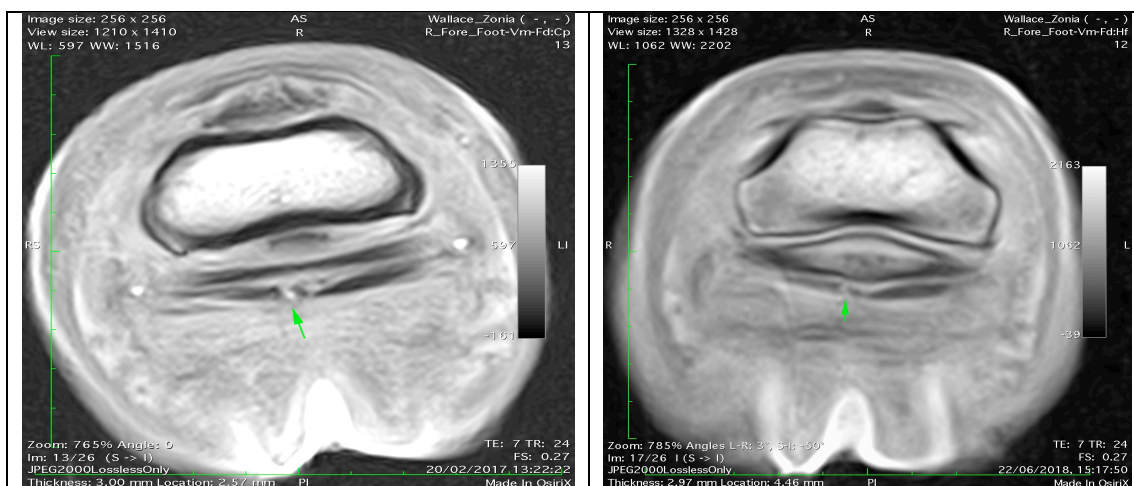
MA VetMB PhD Cert ES Dip ECVS AECVDI MRCVS

RF 20<sup>th</sup> February 2017

22<sup>nd</sup> June 2018

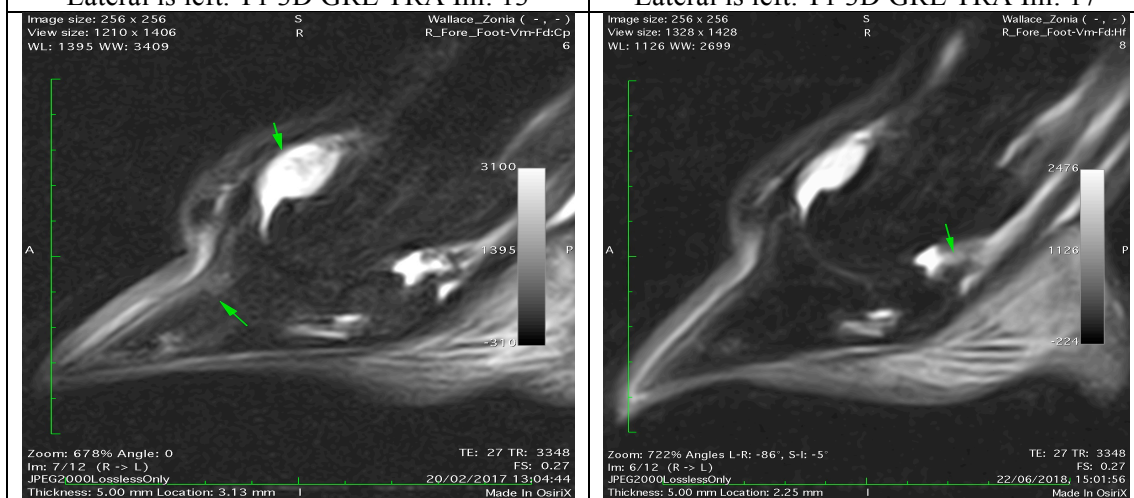






Lateral is left. T1 3D GRE TRA Im: 13

Lateral is left. T1 3D GRE TRA Im: 17

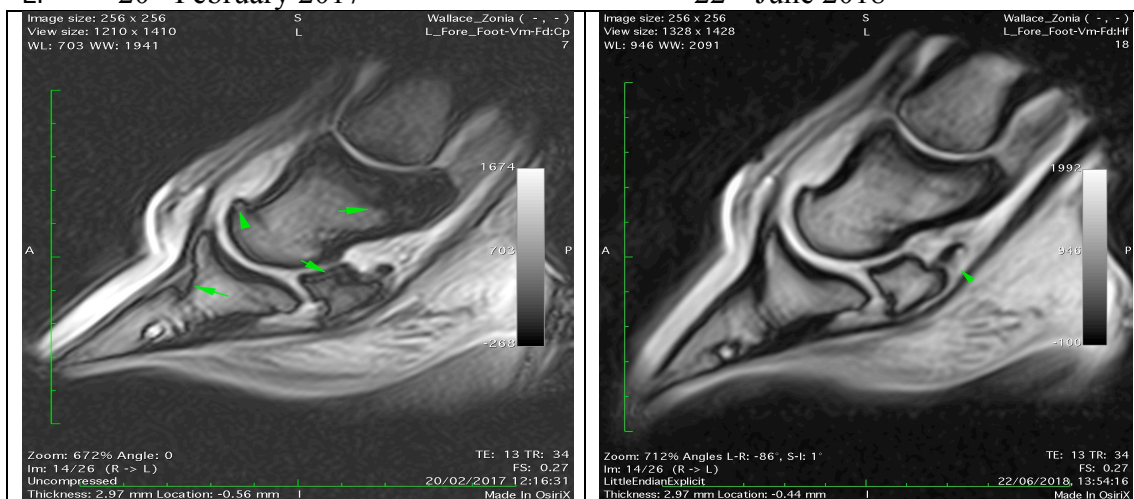


Midline. STIR SAG Im: 7

Midline. STIR SAG Im: 6

LF 20<sup>th</sup> February 2017

22<sup>nd</sup> June 2018



Midline. T2\* 3D GRE SAG Im: 14

Midline. T2\* 3D GRE SAG Im: 14

