Electronic Medical Interpretation

Animal name:	Vincents	**Scan date:**	May/5/2019
Age:		**Report ref:**	592575
Animal ID:	275104	**Report type:**	ROI
Referring practitioner:	self	**Thermographer:**	Christine Collins

Reported & electronically signed by: Andrew Musgrove DVM PhD

HISTORY AND SUBJECTIVE COMPLAINTS

EQUINE MEDICAL HISTORY

Age/Gender/Breed: 22 year old, mare, QH

Discipline: retired broodmare

Veterinarian:

Type of Scan: ROI left front hoof

Reason for Screening/Presenting Complaint:
Concern with soreness and unwillingness to pick up right front to keep all weight off left foot. She is not dead lame just seems very sore, concern is past pedal osteitis finding could this be the cause or something else developing.

Treatment and/or Medications:
Vetalog once a month for insect and food allergy issues

Medical History (i.e. past surgeries/procedures):

Information from past owner: severe colic as a three year old, they tied her legs up which caused old scars on front legs. Bred her right after this, no laminitis discussed. Shipped to me in 2005, came off the trailer lame. Vet marked pedal osteitis on the media and lateral wing P3 no rotation of coffin bone in the left front hoof. At this point started shoe support. Suspensory ligament treatment 2007, pulled shoes and retired in 2008. Never was able to keep her sound to ride.

Skin Lesions or Physical Abnormalities:

Front Left: scar with hair loss inside of fetlock, varies scabs from fly bites outside cannon
Right front: scar outside Fetlock with hair loss, varies scabs from fly bites outside cannon
Left Hock hair loss
Right Hind cannon inside hair loss

Stress Test:
With soreness stress test was done with walking barn alley for 10 minutes.

Observations:
She does stand with the left pointed to relieve pain

But will still run and buck, not dead lame

Notes: unable to get a good picture of right sole, she did not want to keep her foot up

THERMOGRAPHIC INTERPRETATION:

The left plantar images show a local area of inflammation just off to the medial side of the point of frog, correlating with medial side of point of pedal bone (P3), this is seen to have exacerbated with minimal stress testing (at the walk).
There is hyperthermic asymmetry at the medial left coronet which is likely to be associated and correlate with inflammatory change.

DISCUSSION:
The thermal findings support a suspicion of degenerative changes in the left foot medial pedal region. This is likely to correlate with symptoms of lameness.
No other thermal findings appear related to reported symptoms.

PROCEDURE:
This horse was examined with digital infrared thermal imaging to determine if asymmetrical thermal findings indicate abnormal physiology.

Thermography is a physiologic test which demonstrates thermal patterns in skin temperature that may be normal or which may indicate pain, injury, disease or other abnormality. If abnormal heat patterns are identified relating to a specific region of interest or function, clinical correlation and further investigation may be necessary to assist your veterinarian in diagnosis and treatment.

Thermal imaging is an adjunctive test which contributes to the process of differential diagnosis, and is not independently diagnostic of pathology.

HISTORY:
The interpretation represents objective descriptions of thermal patterns.
Clinical significance of such patterns is interpreted in relation to and limited by the horse's data and history provided.

REPORTING:
Results are reported by certified thermologists. Results are determined by studying the varying patterns and temperature differentials as recorded in the thermal images.

NORMAL FINDINGS:
Normal findings are diffuse thermal patterns with good symmetry between similar regions on both sides of the body. Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal

ABNORMAL FINDINGS:
Abnormal findings may be localized areas of hyperthermia or hypothermia, or
thermal asymmetry between similar regions on both sides of the body with temperature differentials of more than 1 degree Centigrade. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

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The referring health care provider should contact EMI administration with any questions relating to this interpretive report.

Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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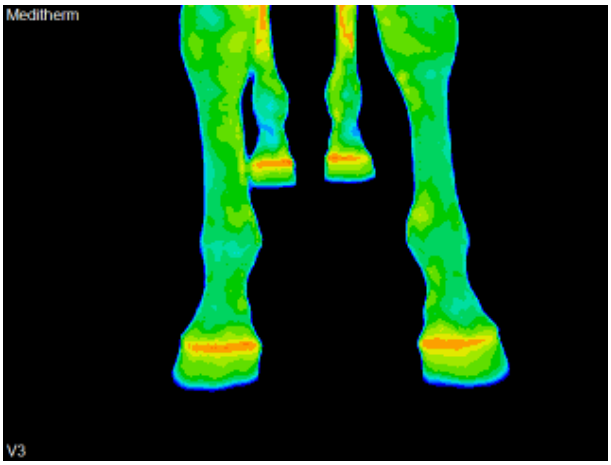

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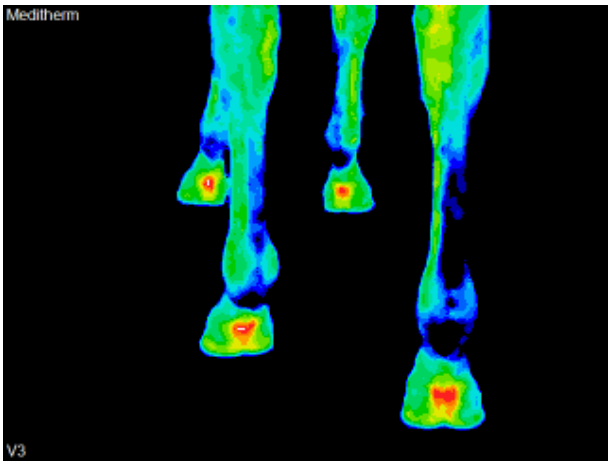

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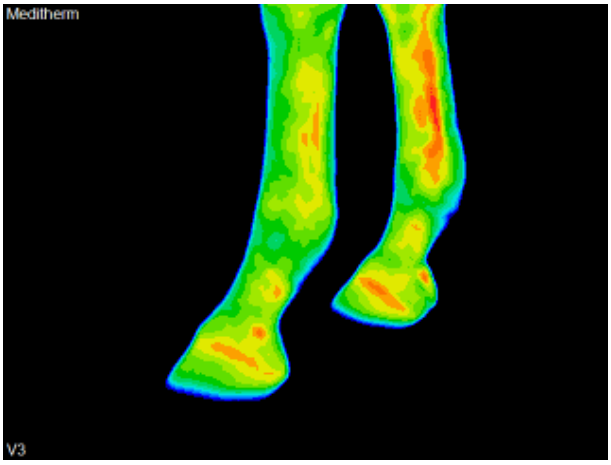

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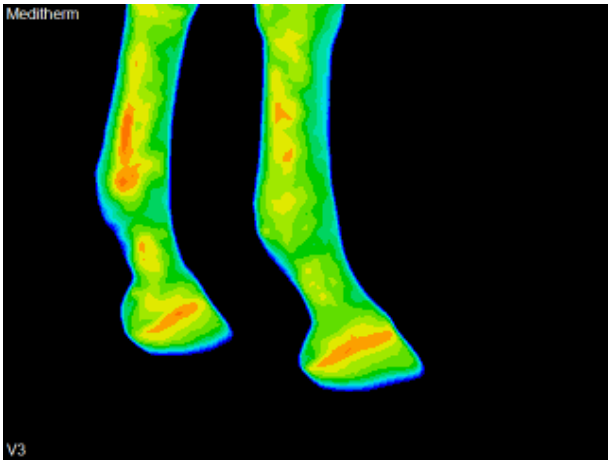

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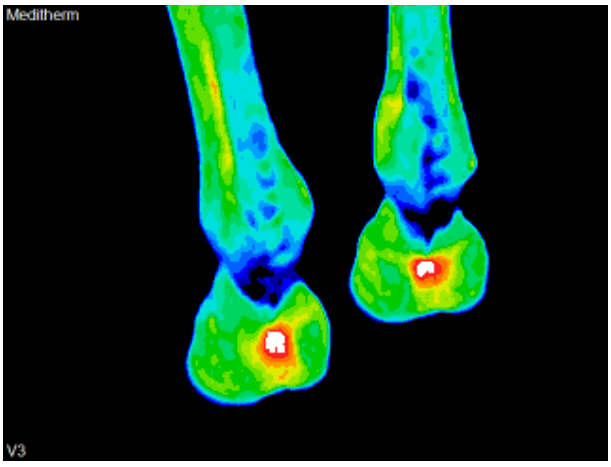

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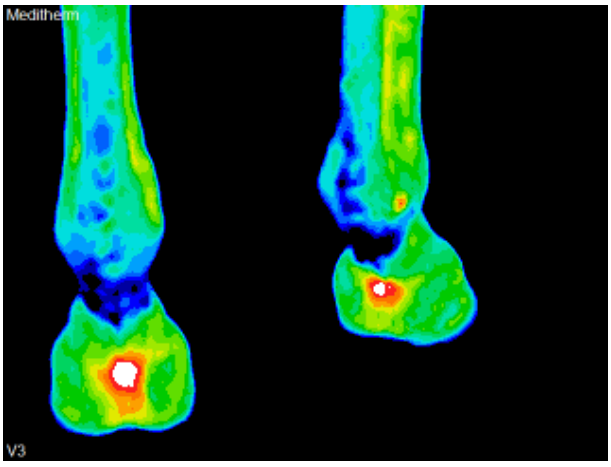

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Electronic Medical Interpretation

Thermogram standard color scale @ 8° temperature range

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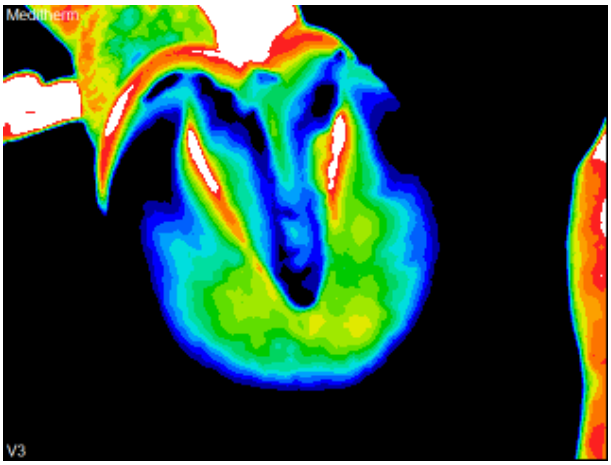

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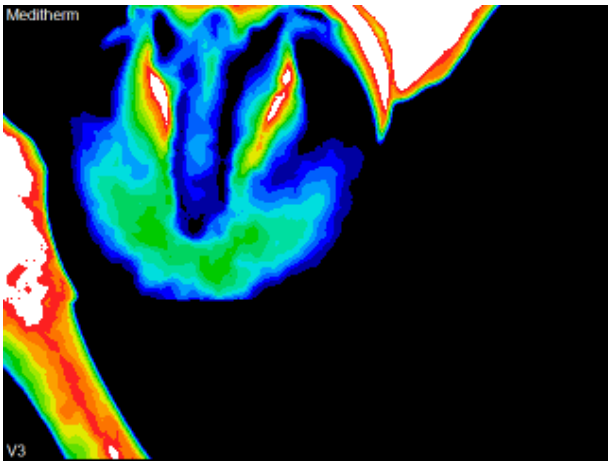

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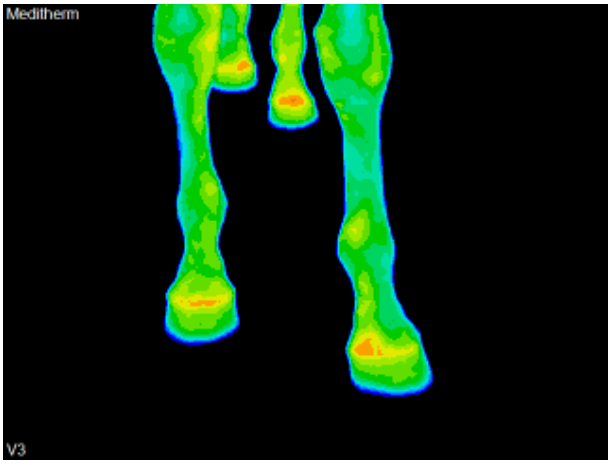

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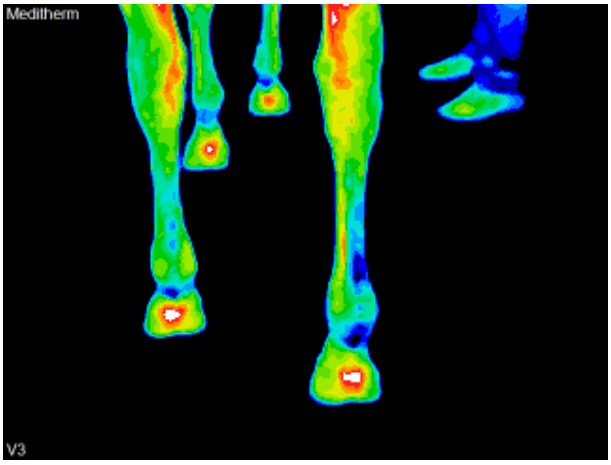

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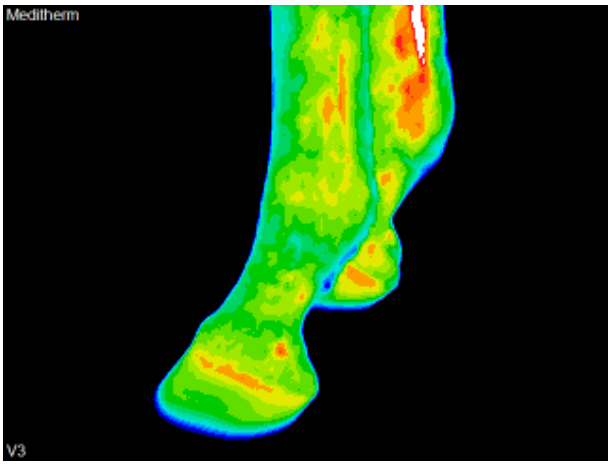

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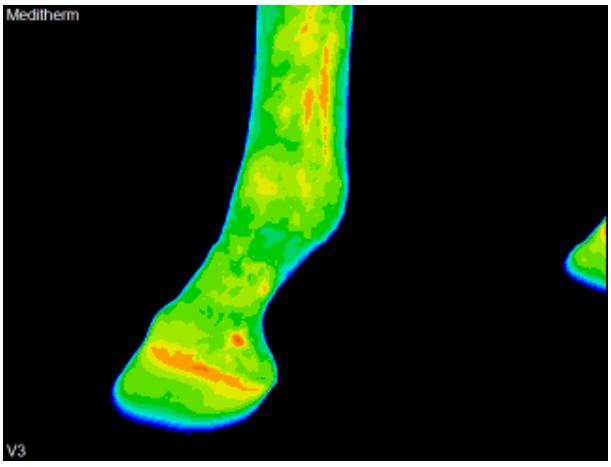

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Thermogram standard color scale @ 8° temperature range

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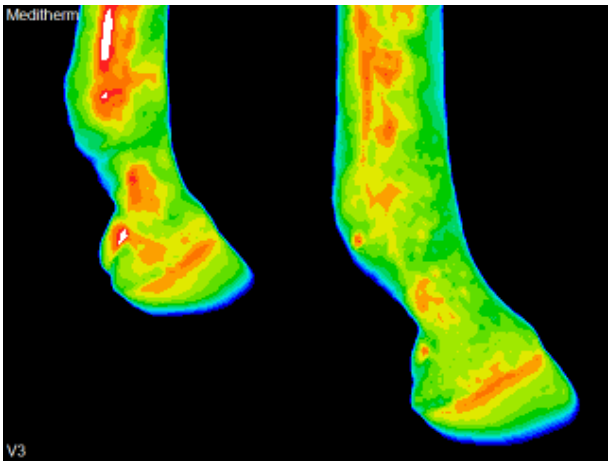

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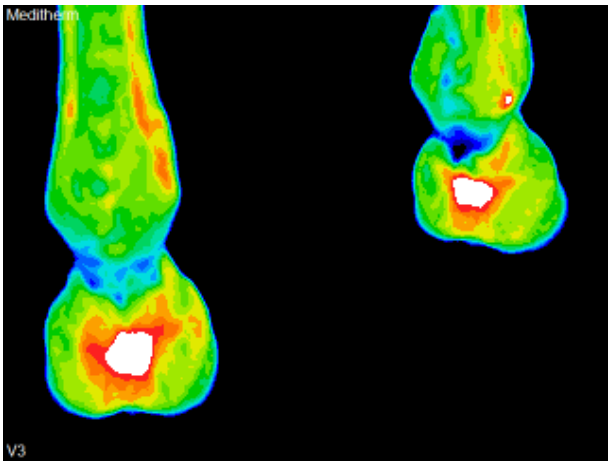

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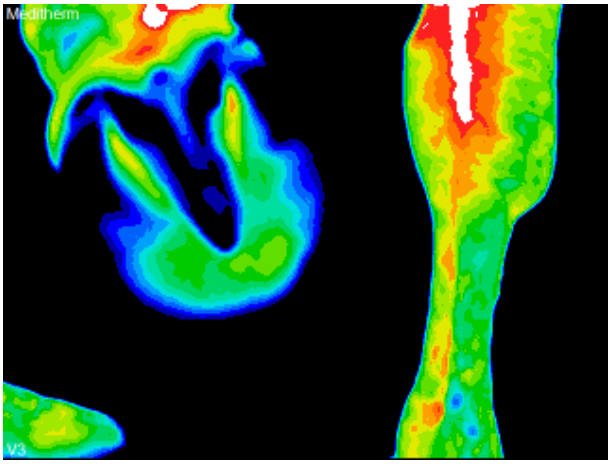

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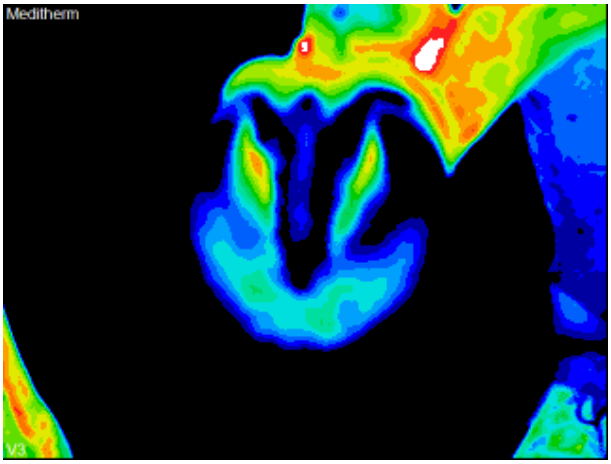

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