



PATIENT

Kai Carrell

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

2 Years 9 Months

WEIGHT

37 lbs

INTERPRETED BY

Heike Rudolf, DVM, Dr.
med. Vet., DipECVDF
DVR

IMAGING PERFORMED BY

Jenny, LVT & Amanda,
VA

HOSPITAL NAME

Gentle Doctor Animal
Hospital

REFERRING VET

Dr. A. Taplett

INVOICE

15717

DATE

05/01/26

PRESENTING CLINICAL SIGNS

Lameness noted in January 2026. Owner originally thought left hindlimb but now suspect left forelimb. No improvement on Rimadyl trial.

Abnormal PE/Chem/CBC/UA Results: Mild crepitus noted in left shoulder. Subtle head bob when walking. No obvious lameness.

RADIOGRAPHIC STUDY OF LEFT SHOULDER, ELBOW AND CARPIUS

R/L lateral and DP/cranio-caudal, totaling 7 radiographs provided for interpretation.

01.05.2026

RADIOGRAPHIC FINDINGS

The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

L shoulder: the joint appears congruent with even subchondral bone surfaces.

L elbow: the joint appears congruent with even subchondral and periosteal surfaces. The coronoid process is pointed and in a physiological position. A small amount of irregular new bone (NB) is just visible on the anconeal process.

L paw: all sesamoid bones are physiologically developed and have smooth surfaces. The joints are congruent. A small swelling appears to be present on the dorsal surface of the metacarpo-phalangeal joints (Mc-PJs) and includes the dorsal sesamoid bone.

RADIOGRAPHIC DIAGNOSIS

- NB anconeal process
- Possible swelling dorsal Mc-PJs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The anconeal new bone suggests joint instability. The possible swelling on the dorsal Mc-PJs likely represents an artefact due to the complete superimpositioning of Mc 3 and 4. Palpation is recommended to confirm this. Should a swelling be present, ultrasound can help identify fluid accumulation. Should the clinical signs persist or worsen, a CT examination of both fore limbs is recommended to rule out, amongst others, OCD, in situ FCP, flexor myositis and tendinitis.

TECHNICAL COMMENTS

The tip of a human finger is just visible in one caudo-cranial view



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com