



PATIENT

Johnny Drynan

PRESENTING CLINICAL SIGNS

Racing Greyhound. Whenever the dog is put into training he becomes lame in LFL. History on intermittent lameness in LFL for approx 3-4 months. Dog improves with rest but flares up again after work. On physical examination no pain was elicited with carpal or elbow manipulation. No long bone pain. Seems to have pain in left shoulder with flexion and abduction. No obvious biceps pain felt with palpation. Radiographs unremarkable except for possible periosteal reaction on the cranio-distal part of the supraglenoid tubercle of left shoulder with possible enthesiophytes? CT scan performed - Native and Post IV Contrast DDX- Biceps tendonopathy? Supraspinatus tendonopathy? Ligament Injury

SPECIES

Canine

BREED

Greyhound

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS

Plain and post contrast studies of both shoulders in soft tissue and bone reconstructions available for review.

SEX

Male

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulders present no evidence of abnormal effusion. No evidence of structural abnormality of the bicipital tendons is seen. There appears to be no synovial effusion within the bicipital tendon sheath. The subchondral bone surfaces of the glenoid cavities and humeral heads present intact and smooth. No evidence of structural pathology in the supraspinatus tendons is seen.

AGE

3

There is no evidence of periarticular osteophytes.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No aggressive bone lesions are seen.

Minimal surface irregularity of the outline of the right supraglenoid tubercle is seen and may represent minimal smooth new bone formation.

HOSPITAL NAME

Colyton Veterinary
Hospital

The included parts of the cervical spine present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structurally normal CT study of the shoulders.

REFERRING VET

Chris Papantonio

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no evidence of structural changes in the rotator cuff or biceps tendons. The mild surface irregularity within the right supraglenoid tubercle is likely to represent an anatomic variant; however, mild new bone formation cannot be ruled out entirely. Clinical significance is questionable. If a pathology in the rotator cuff or biceps is strongly suspected, ultrasound or MRI could be performed with greater sensitivity.

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

SPECIES

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Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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