

PATIENT

Artemis Ballard

SPECIES

Canine

BREED

Retriever Mix

SEX

Female Intact

AGE

6M

WEIGHT

29.4kgs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Keats

INVOICE

73341

DATE

1-14-26

PRESENTING CLINICAL SIGNS

Artemis presents for a left front limb lameness. The owner first noted the issue in early December. The lameness varies in severity; some days it is a minor limp, and other days it is more predominant, particularly after sleeping on a hard surface. She consistently uses the leg but favors it. Radiographs from the primary veterinarian were reviewed. The images of the left shoulder show a flattening of the caudal humeral head, consistent with an OCD lesion. The right shoulder appears normal on the available view. The elbows appear grossly normal on screening views. The primary diagnosis is OCD of the left shoulder.

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Shoulder

A subchondral bone defect of 10mm diameter is seen in the caudal convexity of the left humeral head. Peripheral sclerosis of the subchondral bone is noted surrounding the defect.

A 3mm sized faintly mineralized fragment is seen in the extended caudal joint pouch consistent with a mineralized osteochondral flap.

Right Shoulder

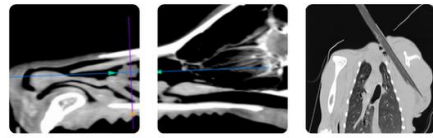
The right shoulder presents normal anatomy with no evidence of subchondral bone defects or mineralized fragments.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Osteochondritis dissecans of the left caudal humeral head with 10mm subchondral defect and 3mm mineralized fragment.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are characteristic of osteochondritis dissecans in a young growing dog and correlate with the intermittent left forelimb lameness. Early surgical intervention is recommended to remove the osteochondral fragment and prevent further cartilage damage. Conservative management with narrow clinical monitoring can be considered should the patient be free of clinical pain and lameness consistently.



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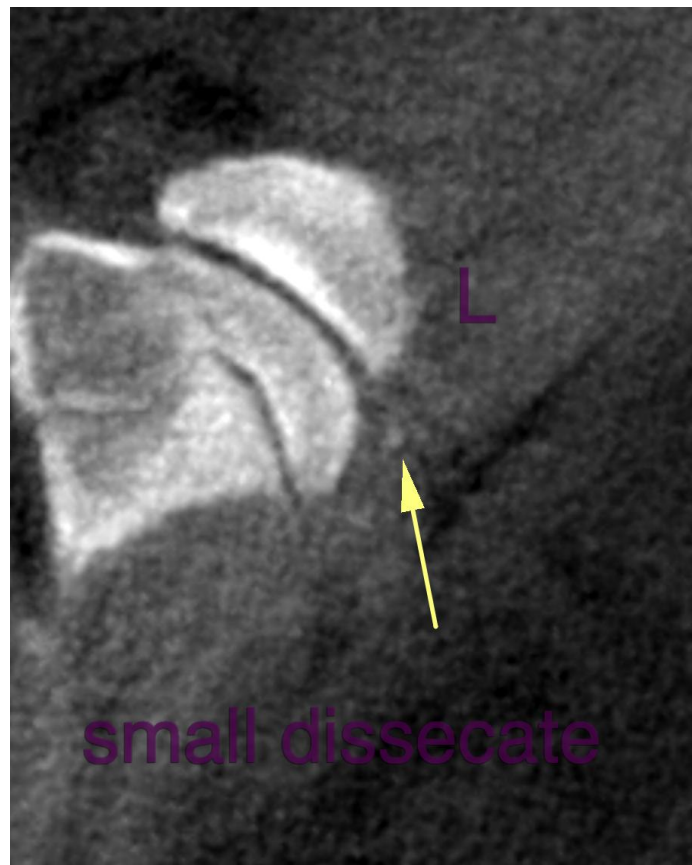
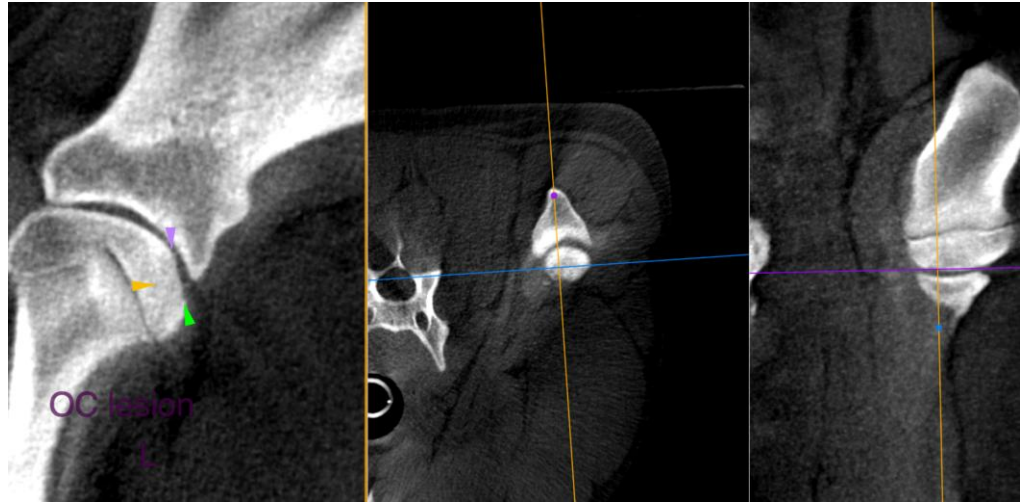
Dr. Matthew Keats

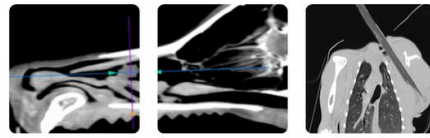
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,

Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.

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