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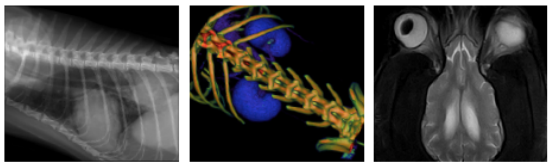

PATIENT

Bailey Droge

SPECIES

Canine

BREED

Bernese Mtn Dog X

SEX

Intact Female

AGE

1 Year

INTERPRETED BY

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

HOSPITAL NAME

VetMed Consultants

REFERRING VET

Dr. Kim Ingraham

INVOICE

34951

DATE

1/19/22

PRESENTING CLINICAL SIGNS

Bailey presented with a 4 month history of lameness in the right front leg. She seems to have trouble lowering her head to eat. It was assumed increased pressure on her shoulders as she lowered her head was the cause of her discomfort. Started eating less and has lost 10 lbs over the 4 months. Pain medication and rest seems to have helped. About 2 months ago, symptoms returned and much more painful. She has been in carprofen and gabapentin since November 2021 with minimal response. Orthopedic exam located pain to the right shoulder when the forelimb is extended. Ultrasound of shoulder on 12/14/21 shows mild echotexture change in biceps and supraspinatus bilaterally. Previous diagnosis: No Purpose of CT scan: Diagnostic Location of CT scan: right front leg Limping: Yes, almost non weight bearing Therapies tried and response: Rimadyl and Gabapentin - not a great response Current medication: Gabapentin and Rimadyl Current symptoms: Limping, lethargic, decreased appetite, painful, muscle loss General health status: Decreased appetite, drinking okay right now, no vomiting or diarrhea. Lethargic.
Abnormal PE/Chem/CBC/UA Results: PE: Holds right front up when sitting or standing; will use right front when walking Lab: Bloodwork is dated 12/3/21. CBC - PCV = 45%, WBC = 7800, neutrophils = 4914, lymphocytes = 1950, monocytes = 936. Platelets = 211,000. Chemistry - normal. Resting cortisol (12/15/21) = 1.5. Urinalysis not provided. HWT - negative. Ultrasonographic Findings (12/14/21): Examination is performed under IV 0.2 ml (0.1 mg) dexmedetomidine/ 0.2 ml (2 mg) Torbugesic sedation. Unaffected Limb Left Biceps Tendon: Normal muscular echotexture; the tendon is mildly variable in echogenicity, without dystrophic mineralization. The bicipital groove is smooth and there is no excess fluid in the bursa. Left Supraspinatus: Normal tendon and muscular appearance. Fibrocartilaginous portion of tendon is mildly non-homogeneous without evidence of subtle dystrophic mineralization throughout. Left Infraspinatus: Normal tendon, muscle, and insertion site. Axilla: Normal. Affected Limb Right Biceps Tendon: Normal muscular echotexture; the tendon is mildly variable is echogenicity similar to the left side, with no dystrophic mineralization. The bicipital groove is smooth and there is no excess fluid in the bursa. Right Supraspinatus: Normal tendon and muscular appearance. Fibrocartilaginous portion of tendon is mildly non-homogeneous without evidence of subtle dystrophic mineralization throughout. Right Infraspinatus: Normal tendon, muscle, and insertion site. Axilla: Normal.

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS, ELBOWS & CARPI

Plain studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

No evidence of osteochondritis, osteoarthritis, or traumatic osseous injury is seen. The intertubercular groove's bone surface presents even and smooth in both shoulders.

The joint spaces of the elbows are congruent. The subchondral bones of the joint surfaces are smooth and intact. The medial coronoid processes present mild sclerosis. However, no evidence of fissure or fragmentation is seen. There is no evidence of osteoarthritic changes.

Both carpal joints are in situ. There is no evidence of articular or periarticular soft tissue swelling, subluxation, luxation, or other traumatic injury.

Focal mineralization of the C5/6 intervertebral disc with mild craniodorsal pointing of the 6th cervical vertebra is seen.

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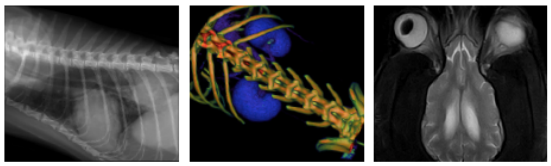

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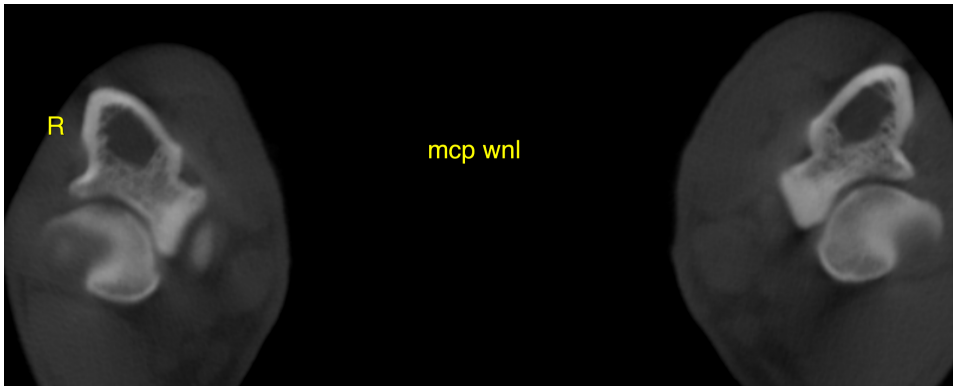
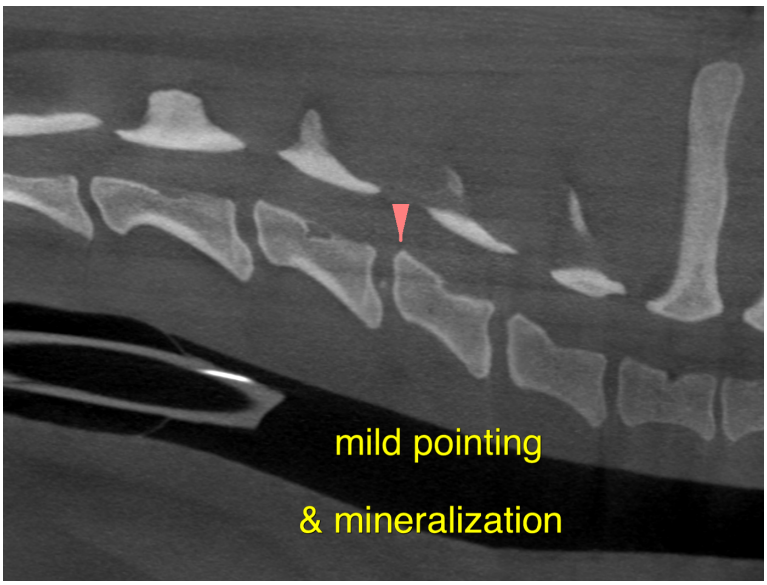
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Structurally normal CT of both elbows, shoulders and carpi
- Chondroid degeneration and suspect spondylopathy within the cervical spine at C5/6

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT presentation of both elbows, carpi and shoulders is within the expected limits. There is no evidence of elbow dysplasia, shoulder osteochondritis, arthritic changes, or traumatic osseous injury. The significance of the mild changes in the included cervical spine remains unclear. However, presence of cervical spondylopathy cannot be ruled out. Further definition by means of CT myelogram or MRI would be an option in this patient.





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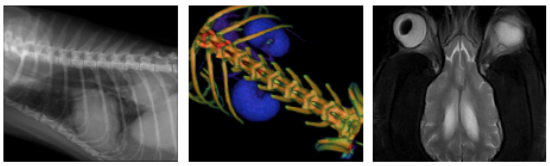

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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