



PATIENT

Diamond Wetmore

PRESENTING CLINICAL SIGNS

Diamond, a 8 year old Female Spayed Rottweiler, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a left thoracic limb lameness. Abnormality may have started Feb 2021 (chewing and licking leg). Diamond was initially noticed to be limping on the left thoracic leg for approximately 6 months. Wrist skin infection initially treated with antibiotics, anti-inflammatories also helped. Normal EDUD; No sneezing/coughing. Vomitted once last week; but not a common occurrence. 4-5 short walks daily of 30 min each. Limping worsens with exercise, has gotten better with galliprant. Yesterday when jumped onto couch to cuddle, she yelped. After walks, cries and limps and licks/bites at fur over wrist. Also starts drooling. Wrist skin infection initially treated with antibiotics, anti-inflammatories also helped. Diamond has had a previous history of pancreatitis and incontinence. Vomited once last week, but is uncommon.

SPECIES

Canine

BREED

Rottweiler

COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS, CERVICAL SPINE, & BRACHIAL PLEXUS

SEX

Plain and post contrast studies in soft tissue and bone windows available for review.

FS

COMPUTED TOMOGRAPHIC FINDINGS

AGE

Carpi

8 Years

Mild dermal and subcutaneous soft tissue swelling with increased enhancement is seen in the left carpus dorsal of the antebrachioacarpal joint.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

The carpal bones are in situ. No evidence of articular or osseous injury is seen.

The metacarpophalangeal joint of both front limbs present within normal limits as well.

Elbows

HOSPITAL NAME

Animal Health
Partners

Regionally reduced attenuation and a fissure line are seen in the tip of the left medial coronoid process. The base of the medial coronoid process presents sclerosis. A moderate amount of periarticular osteophytes is seen. The new bone formation accentuates the medial joint compartment and the medial humeral epicondyle in particular.

REFERRING VET

Lea Mehrkens

Swelling of the flexor origin with increased and heterogeneous contrast enhancement is seen medial of the left elbow.

Mild deformity of the tip of the medial coronoid process is seen in the right elbow with sclerosis of the medial coronoid process. No obvious fissure or fragmentation is present. There is a mild to moderate amount of periarticular osteophytes.

INVOICE

49690

The left front limb musculature is mildly reduced in volume.

Shoulders

DATE

1-19-22

Minimal early exostoses are seen in the intertubercular groove of the biceps tendon. The subchondral bone surfaces are intact. No significant osteophytosis is noted.

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Cervical Spine & Brachial Plexus

Number, alignment, and anatomy of the cervical vertebrae present within normal limits. No evidence of intervertebral disc herniation is seen.

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The brachial plexus presents within normal limits bilaterally.

BREED

Rottweiler

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Medial coronoid pathology with fissure of the medial coronoid process in the left elbow.
- Secondary osteoarthritis and flexor enthesopathy of the left elbow.
- Medial coronoid pathology without obvious fragmentation or fissuring in the right elbow.
- Mild to moderate secondary osteoarthritis of the right elbow.
- Suspect cellulitis and dermatitis in the left antebrachiocarpal region.
- Disuse atrophy of the left front limb musculature.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on the CT study, the main finding appears to be the presence of medial coronoid pathology with fissure and flexor enthesopathy as well as osteoarthritis in the left elbow. The clinical presentation, however, does not appear to match medial coronoid pathology entirely.

AGE

8 Years

No evidence of cervical myelopathy or brachial plexus injury is seen in the CT study.

INTERPRETED BY

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The findings of the left carpus are compatible with dermatitis and cellulitis. No osseous involvement is noted.

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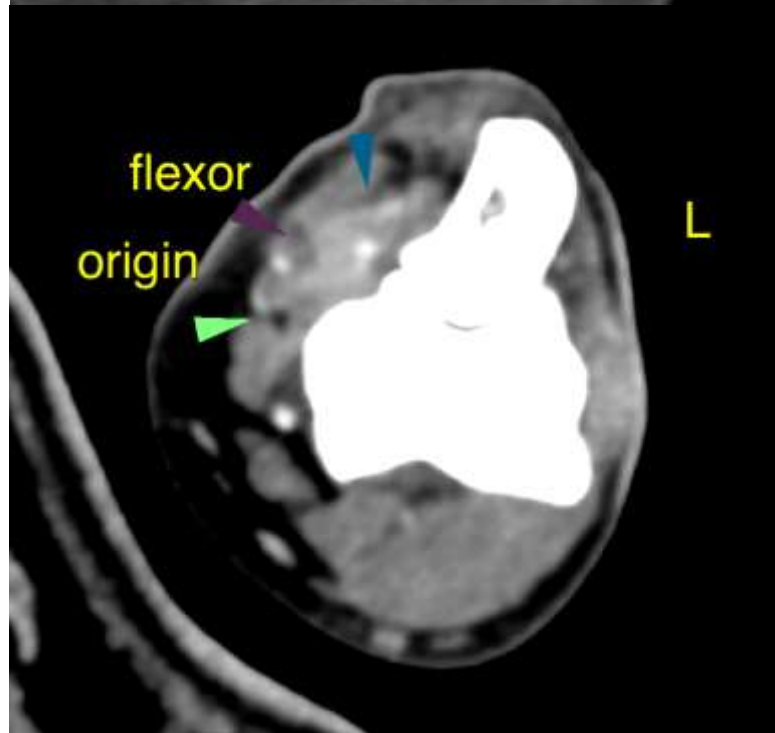
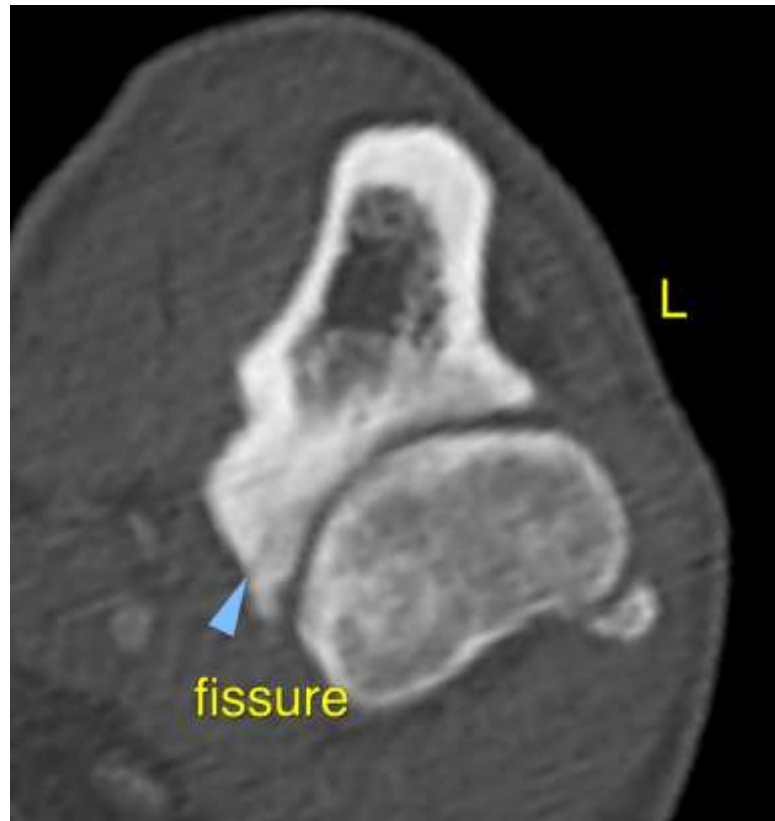
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

BREED

Rottweiler

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