



PATIENT

Cooper Lovett

SPECIES

Canine

BREED

German Shepherd

SEX

Male Neutered

AGE

4 Years, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

Dr. Burge

INVOICE

54536

DATE

10-10-22

PRESENTING CLINICAL SIGNS

HO left UAP removal at 1 year of age. In the last month, he has developed severe lameness in the left forelimb accompanied by significant swelling of the elbow and pitting edema of the distal limb. Since the lameness started, pet has developed severe atrophy of the shoulder muscles. Radiographs showed possible large fractured MCP as well as severe DJD. Shoulder radiographs are normal. Pet has deep pain present and can place the limb occasionally when walking, but prefers to either be non-weight bearing or will rest on his knuckles.

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS & RIGHT SHOULDER

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Elbow

Patient has a history of a removal an ununited anconeal process in the left elbow.

There is moderate articular swelling of the left elbow. A large, demineralized fragment is isolated from the tip of the left medial coronoid process and measures 15mm in length and 6mm in width. The base of the medial coronoid process presents extensive sclerosis. A large amount of periarticular new bone formation is seen in all segments of the elbow joint.

Multiple small subchondral bone defects are noted in the medial humeral condyle and a narrow medial joint compartment is noted as well.

Osseous metaplasia appears to be present lateral to the lateral humeral epicondyle.

Moderate atrophy of the left front limb musculature is noted.

Right Elbow

Deformity and sclerosis of the right medial coronoid process are seen. An isolated fragment or a fissure cannot be identified. There is a mild amount of periarticular osteophytes. The subchondral bone surfaces are intact.

Right Shoulder

Moderate osteoarthritic changes of the right shoulder are noted with a moderate exostosis within the intertubercular groove of the biceps tendon.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of left ununited anconeal process and medial coronoid disease with a large isolated fragment and severe secondary left elbow osteoarthritis.
- Medial compartment syndrome of the left elbow with subchondral bone defects within the medial humeral condyle.
- Suspect myositis ossificans or dystrophic mineralization lateral to the lateral humeral epicondyle in the left elbow.
- Suspect medial coronoid pathology and mild secondary elbow osteoarthritis of the right elbow.



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- Moderate right shoulder osteoarthritis with evidence of chronic biceps tenosynovitis.
- Moderate disuse atrophy of the left front limb musculature.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The CT study confirms presence of a large isolated fragment at the tip of the left medial coronoid process with kissing lesions within the medial humeral condyle suggesting presence of medial compartment syndrome with cartilage breakdown. Severe secondary osteoarthritic changes are noted in the left elbow as well. Consider arthroscopic revision with removal of the fragment to prevent further damage to the joint.

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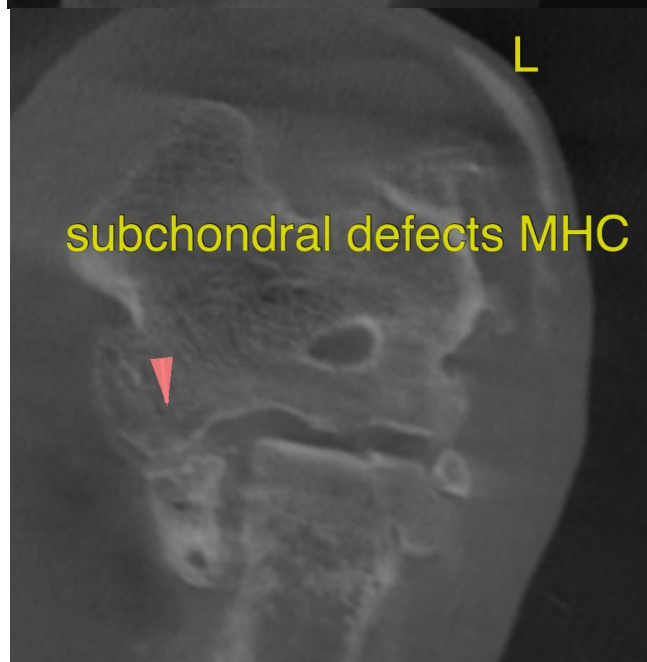
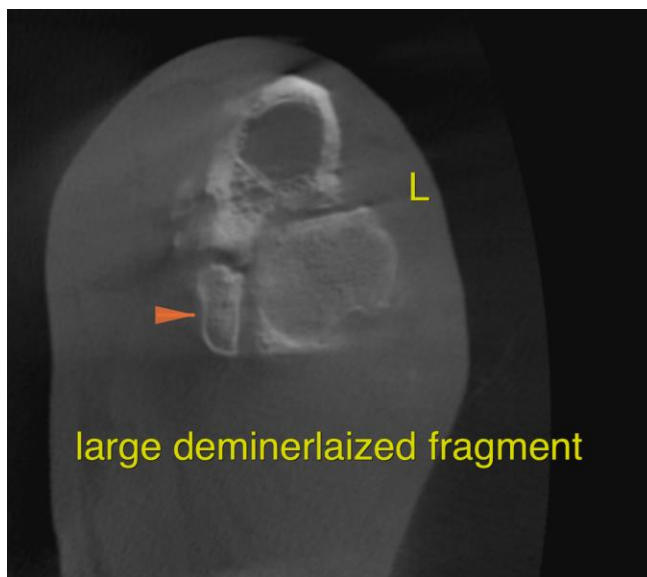
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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