



**PATIENT**

Remi Wenner

**PRESENTING CLINICAL SIGNS**

Remi presented with a 2 month history of front left limb lameness. Owner says she walks with left leg a little stiff and elbow area is sore. rDVM can feel a "pop". Owner said she looked bowlegged in both front legs when they got her at 8 weeks. Owner has not noticed anything else with right leg but rDVM is suspecting the issue is affecting both legs. Purpose of CT scan: Requested by orthopedic specialist for diagnosis. Location of CT scan: Both front limbs, shoulders Limping: Not favoring by compensating weight, but walking with left leg stiff. Therapies tried and response: Dasuquin has seemed to help. Current medication: Dasuquin, apoquel Current symptoms: Still walking stiff/weird. Eating and drinking okay. No vomiting or diarrhea. Energy levels normal. Abnormal PE/Chem/CBC/UA Results: PE: No gait abnormalities noted today. No pain elicited. Lab: Bloodwork is dated 10/12/21. CBC - PCV = 45.6%, WBC = 9400, neutrophils = 3820, lymphocytes = 4420, monocytes = 770. Platelets = 251,000. Chemistry - Phosphorous = 7.4, all else normal. Urinalysis not provided. Radiographs taken 8/16/21 and 10/4/21 are not provided but are reported normal.

**SPECIES**

Canine

**BREED**

Catahoula Hound Lab Mix

**SEX**

SF

**COMPUTED TOMOGRAPHIC FINDINGS**

**Left Elbow**

A 4.0mm x 2.5mm sized demineralized fragment is isolated from the tip of the medial coronoid process by a convex fissure line. Sclerosis with loss of the trabecular bone pattern is noted within the base of the medial coronoid process. The subchondral bone of the medial humeral condyle is intact and smooth. No significant incongruity of the joint is seen.

**AGE**

9 Months

**Right Elbow**

A 3.0mm x 1.5mm sized demineralized fragment is isolated from the tip of the right medial coronoid process. Sclerosis of the base of the medial coronoid process is seen and the medial humeral condyle is intact and smooth. No significant joint incongruity is noted.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**Shoulders**

Both shoulder present within normal age related limits. There is no evidence of osteochondritis or traumatic osseous injury.

**HOSPITAL NAME**

VetMed Consultants

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Bilateral medial coronoid pathology with in situ fragments of the medial coronoid processes.

**REFERRING VET**

Kathryn Moriarty

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

47879

The CT study reveals bilateral medial coronoid pathology with isolation of demineralized fragments from the tip of the medial coronoid processes. Consider arthroscopic revision of both joints in order to remove the fragments and prevent further damage to the articular structures.

**DATE**

10-20-21



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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.

**REFERRING VET**

Kathryn Moriarty

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**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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