



PATIENT PRESENTING CLINICAL SIGNS

Millie Durant Intermittent lameness in the left forelimb since August, concern for possible elbow dysplasia. Pet does have a history of laceration around the left elbow in May 2024 that was surgically closed and seemed to recover normally from.

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS

Plain study is available for review.

BREED

German Shorthair
Pointer

COMPUTED TOMOGRAPHIC FINDINGS

The bilateral humeral ulnar, humeral radial and radial ulnar congruency is normal. No step formation, subluxation or abnormal trochlear notch morphology is noted.

SEX

FS

The medial coronoid processes present no evidence of fragmentation, fissuring or abnormal contouring.

The medial and lateral humeral condyles are completely fused; there is no evidence of subchondral bone or interchondral defects of the humeral condyles. No significant osteophytes or enthesophytes are seen.

AGE

3.5yr

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal bilateral elbow study with no evidence of elbow dysplasia, including medial coronoid disease, osteochondritis, incomplete fusion of the humeral condyles or incongruity

INTERPRETED BY

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

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings do not explain the reported left forelimb lameness. The elbows are structurally normal with no CT evidence of common developmental disorders such as medial coronoid disease, OCD, IOHC, UAP and no signs of early or chronic arthropathy. Given the normal study alternative courses of intermittent lameness should be considered such as soft tissue injury or inflammation, shoulder disease or pathology in the distal limb or neurologic disease.

HOSPITAL NAME

Wilson Veterinary
Hospital

REFERRING VET

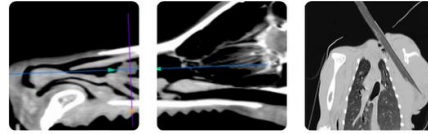
Dr Vitale

INVOICE

23071

DATE

11/26/2025



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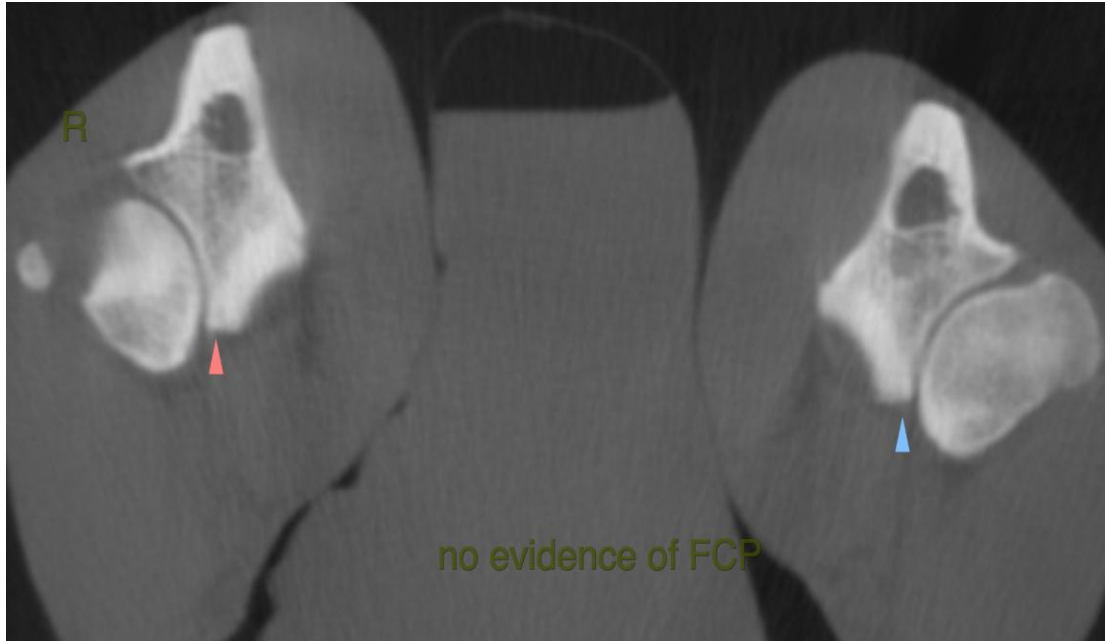
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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