



PATIENT

Stormzy Lubert

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

6Y

WEIGHT

37.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

CC

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Garcia

INVOICE

72978

DATE

12-12-25

PRESENTING CLINICAL SIGNS

poss medial coronoid disease, intermittent forelimb lameness

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT & RIGHT ELBOW

Plain studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Elbow

The left medial coronoid process shows irregular contour and sclerosis. No discrete fragment is identified. Mild osteophyte formation is present at the anconeus process. The joint spaces are congruent. The anconeus process is completely fused. There is a well defined approximately 4mm sized, ovoid, smooth fragment adjacent to the medial humeral epicondyle consistent with an ununited medial humeral epicondyle.

Right Elbow

The medial coronoid process of the ulna demonstrates irregular contour and heterogeneous attenuation. No discrete fragmentation is seen. Humeral ulna and humeral radial joint congruity are preserved. Mild periarticular osteophyte formation is present most notably at the anconeus process. There is no evidence of subchondral bone defects.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral medial coronoid disease without discrete coronoid fragmentation.
- Mild bilateral elbow osteoarthritis.
- Left sided ununited medial humeral epicondyle.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with chronic bilateral medial coronoid disease characterized by remodeling and subchondral bone changes without the presence of a detached fragment. This pattern is commonly associated with osteomalacia or micro fracturing. The mild periarticular osteophyte formation indicates early to mild degenerative joint disease in both elbows.

The ununited medial humeral epicondyle identified in the left elbow represents a developmental abnormality that may contribute to medial elbow pain and flexor enthesiopathy. It may not be clinically significant in all cases. Orthopedic correlation is recommended to determine which elbow is clinically dominant.

Consider arthroscopic evaluation of both elbows, particularly if clinical signs are refractory to conservative management. Long-term elbow osteoarthritis management is recommended.



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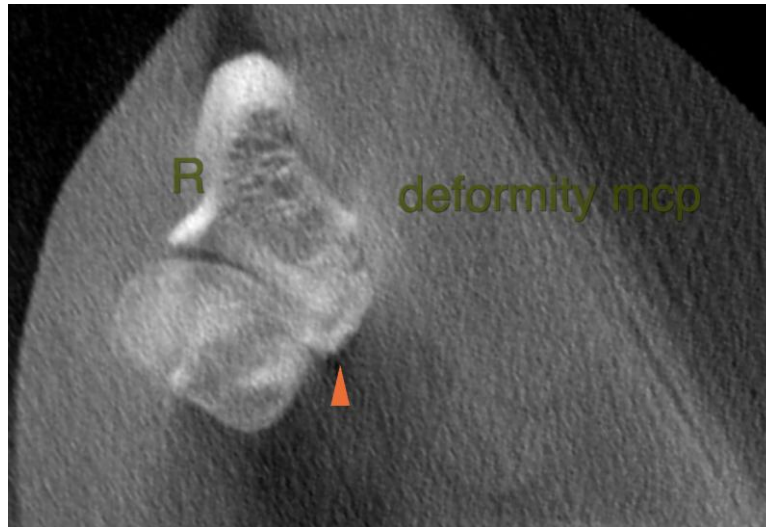
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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