



PATIENT	PRESENTING CLINICAL SIGNS
Frankie Vimmerstedt	History : Right forelimb lameness Right pectoral lipoma Post-operative right pectoral lipoma removal Differential diagnoses include: - Soft tissue injury (e.g., medial shoulder instability/rotator cuff tear). Pain on abduction is consistent with this, but the severity of lameness is atypical. - Biceps tendon injury (less likely as no pain on direct palpation/stretch). - Neoplasia (e.g., bone tumor, soft tissue tumor such as a peripheral nerve sheath tumor). This is a high suspicion given the signalment, progressive nature, and severity despite normal radiographs. - Bone infection (osteomyelitis). Abnormal PE/Chem/CBC/UA Results: Pre-anesthetic blood work 12/15/25 : tbili 1.1 (r/o spurious) otherwise unremarkable
SPECIES	
Canine	
BREED	
Golden Retriever	
SEX	COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS & THORAX
NM	Plain and post contrast studies are available for review.
AGE	COMPUTED TOMOGRAPHIC FINDINGS
9Y	Right Shoulder
	Severe atrophy of the right thoracic limb musculature is noted.
WEIGHT	The right humeral head demonstrates a subchondral bone defect with irregular subchondral bone density mixing regional sclerosis with generalized osteopenia. Partial collapse of the right shoulder joint space is seen consistent with cartilage breakdown. Severe joint effusion and synovial thickening are present. There is moderate periarticular bone remodeling of the right shoulder with moderate signs of biceps tenosynovitis and bicipital groove exostosis.
INTERPRETED BY	No evidence of a brachial plexus lesion is seen.
Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI	A smoothly delineated lipoma is present in the right axillary region.
IMAGING PERFORMED BY	Left Shoulder
Josh	The left shoulder presents a minimal subchondral bone defect of the humeral head with mild signs of osteoarthritis and mild bicipital groove exostosis.
HOSPITAL NAME	Thorax
CARE Surgery Center	Moderate right axillary lymphadenomegaly is noted.
REFERRING VET	The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.
Dr. Seth Bleakley	The cardiovascular structures including the pulmonary vasculature are within normal limits.
INVOICE	The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.
72997	The lung parenchyma presents the expected architecture and attenuation behavior.
DATE	Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.
12-15-25	



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Frankie Vimmerstedt

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BREED

Golden Retriever

SEX

NM

AGE

9Y

WEIGHT

34.3kgs

INTERPRETED BY

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

IMAGING PERFORMED BY

Josh

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Seth Bleakley

INVOICE

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DATE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe osteoarthritis with subchondral bone defect, partial joint collapse, severe synovialitis, and moderate signs of chronic biceps tenosynovitis of the right shoulder.
- Right axillary lipoma.
- Mild osteoarthritis of the left shoulder with minimal subchondral bone defect.
- Moderate right axillary lymphadenomegaly compatible with reactive lymphadenitis.
- Unremarkable thorax and unremarkable brachial plexus.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The right shoulder demonstrates advanced degenerative changes with indirect evidence of cartilage loss, subchondral bone compromise, severe effusion and synovial inflammation as well as chronic involvement of the right biceps tendon sheath. Global joint involvement including rotator cuff, biceps tendon, joint cartilage, synovium, and medial compartment appear likely. The findings suggest chronic osteoarthritis. The findings are accompanied by severe muscle atrophy in the right thoracic limb, likely due to chronic disuse and pain. The left shoulder shows only mild degenerative changes.

The right axillary lymphadenomegaly is likely to represent reactive change secondary to chronic inflammation.

There is no evidence of neoplasia within the shoulder joint, brachial plexus, or thoracic cavity on this study.

Orthopedic consultation for management of the advanced right shoulder arthropathy is recommended.



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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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