



PATIENT PRESENTING CLINICAL SIGNS

Flash Macknight limping
 Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: clear OU. clear, no debris AU. No cough on tracheal palpation. Oral cavity: N Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: no lesions or abnormalities Musculoskeletal: BCS = 5/9. Moderate toe-touching lameness right pelvic limb. Painful on direct palpation of left elbow but no crepitus No evident pain on direct palpation of long bones. Bit doctor when extending right hip. Neurological: Alert and appropriate. No deficits noted Findings/Assessment: Rule-out panosteitis (signalment a bit old for this, but still possible) vs. hip/elbow dysplasia vs. immune-mediated arthritis vs. other Treatment Plan: Sedation with dexmedetomidine 0.5mg/ml 0.8ml + butorphanol 10mg/ml 0.8ml IV. Radiographs obtained of left elbow (lateral, flexed lateral and AP) and pelvis including both stifles. Orthopedic exam performed on all four limbs while under sedation. Reversed with Antesedan 0.8ml IM. Recovery uneventful. Dispense Rimadyl 75mg 1T PO BID Owner has gabapentin left over--okay to give BID-TID PRN Radiology consult pending

SPECIES
 Canine

BREED
 German Shepherd

SEX
 Male

RADIOGRAPHIC FINDINGS

AGE

12 Months

Pelvis

Both coxofemoral joints present within normal limits. There is no evidence of dysplasia or coxofemoral osteoarthritis.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

The muscle volume of both hind limbs appears adequate and symmetric. No evidence of traumatic osseous injury or aggressive bone lesions is seen.

A lumbosacral transitional vertebra is seen. The sacrum comprises two fused vertebrae.

HOSPITAL NAME

DPC Veterinary
 Hospital

Significant enlargement of the prostate is seen.

Stifles

The stifle joints present within normal limits.

REFERRING VET

Ward

Patchy medullary sclerosis and smooth periosteal new bone formation is seen in the mid diaphysis of the left femur.

Elbows

INVOICE

49114

Patchy medullary opacities are seen in the medullary cavity of the radius and ulnar of both forearms.

Brush bordered periosteal new bone formation is seen in the medial contour of the right ulnar.

DATE

12-16-21

The medial coronoid process of the left elbow is well delineated and uniformly opacified.

No evidence of subchondral bone defects or periarticular osteophytes are seen in either of the elbows.



PATIENT

Flash Macknight

RADIOGRAPHIC DIAGNOSIS

- Radiographically normal coxofemoral joints.
- Radiographically normal elbow joints.
- Lumbosacral transitional vertebra.
- Prostatomegaly.
- Polyostotic diaphyseal osteopathy with medullary sclerosis and periosteal new bone formation.
- Radiographically normal stifle joints.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are highly suggestive for a severe form of panosteitis eosinophilica which is a juvenile form of sterile osteitis and self-limiting. Clinical and radiographic findings typically disappear with reaching skeletal maturity. In the meantime, systemic NSAID administration, rest, and restriction of the daily caloric intake can help alleviate the clinical signs.

SEX

Male

Presence of a lumbosacral transitional vertebra can predispose to cauda equina syndrome.

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REFERRING VET

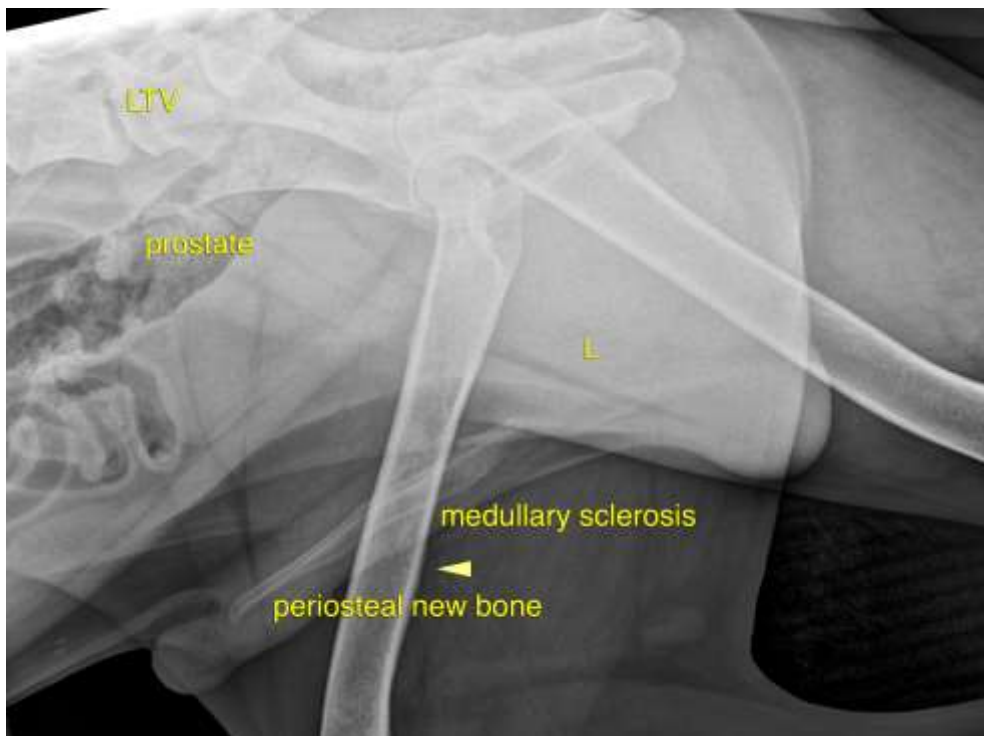
Ward

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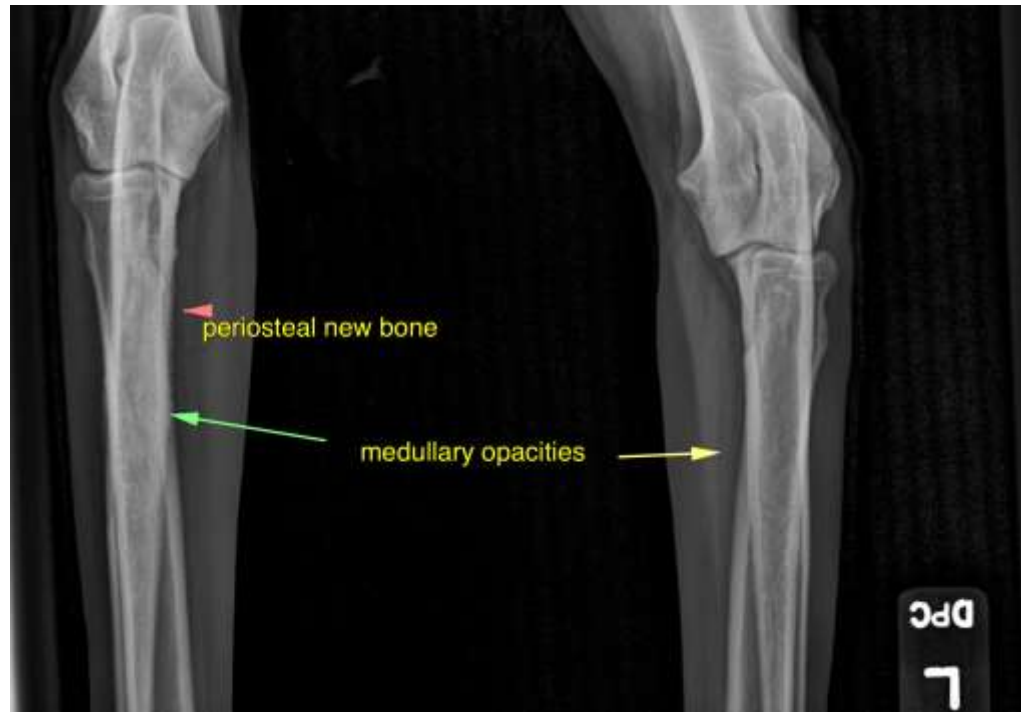
Ward

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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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