



PATIENT

Eloise Philpott

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Female

AGE

6 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jeffery Biskup

PRESENTING CLINICAL SIGNS

Limp started in Nov At first all the time and now comes and goes Limiting the walks A city block will cause the right shoulder to be painful Have put out yoga mats Restriction has help Umbilical hernia, noticed on day 7, not causing an issue per referring veterinarian 5 days of gabapentin, didn't seem that affective Meloxicam for 5 days in combination with gabapentin Just finished deramaxx for 2 weeks Tolerated all the medications Possible hip issues, trouble rising Discussed the pathology of OCD and treatment of arthroscopic debridement (went through OATS and Synacart). Good prognosis. Risks of bleeding, infection and continued lameness. Discussed the benefits of CT and looking for a migrated flap Recommend elbow CT to assess incongruity and if there is a surgical correction. It would likely be more invasive. Will perform a good orthopedic exam to assess the hips.

Abnormal PE/Chem/CBC/UA Results: Pain on bilateral shoulder manipulation, worse on the left.

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS & ELBOWS

Plain studies in soft tissue and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Shoulders

Subchondral bone defects are seen in the caudal contour of the humeral head in both shoulders. The subchondral bone defect measures 9x4mm on the right side and 7x2mm on the left side. Deep subchondral bone sclerosis is seen bilaterally.

There is a focal vacuum phenomenon within the defect in the right shoulder.

Both shoulders joints present mild articular swelling.

Elbows

A 2.5mm radioulnar step is seen in the right elbow. The medial coronoid process presents deformity and a long fissure parallel to the radioulnar incisure with heterogeneous trabecular bone pattern. No evidence of concurrent subchondral bone defects of the medial humeral condyle are seen. Early periarticular bone remodeling is noted.

A 1.5mm radioulnar step is noted in the left elbow with mild deformity of the contour of the tip of the left medial coronoid process. No evidence of subchondral bone defects is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

INVOICE

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- Bilateral shoulder osteochondritis.
- Moderate articular incongruity and medial coronoid pathology with fissure of the right elbow.
- Mild articular incongruity and deformity of the medial coronoid process in the left elbow – of uncertain clinical significance.

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12-29-22



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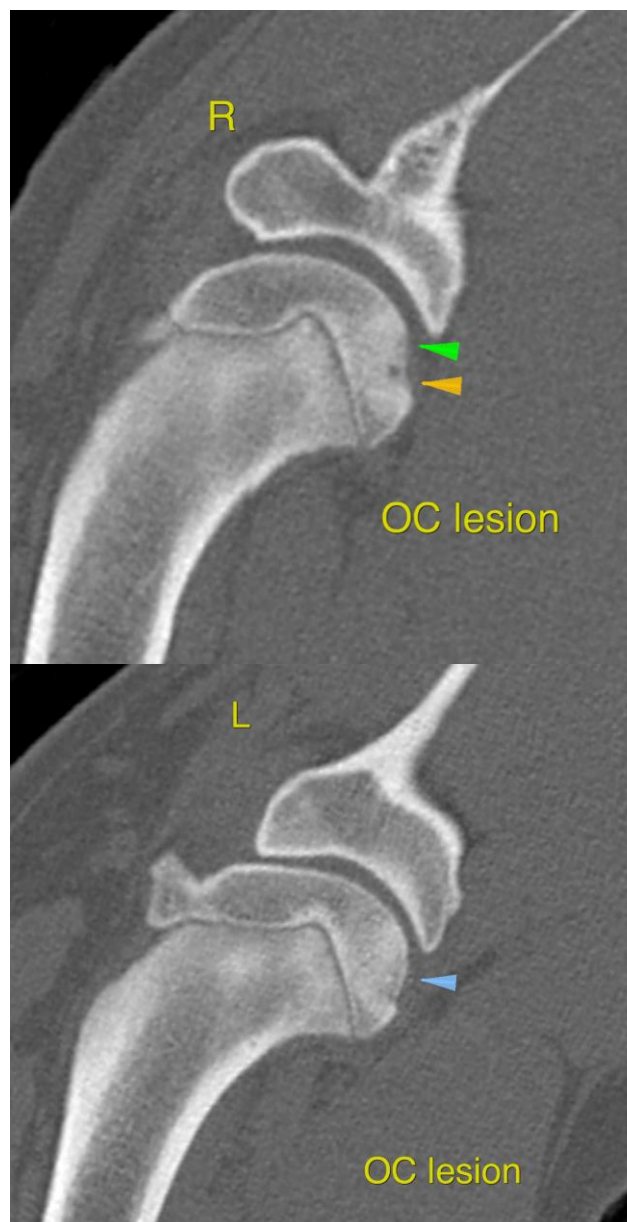
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals pathology in both elbows and both shoulders. Bilateral shoulder osteochondritis is seen. A mineralized flap is not present however cartilaginous flaps and dissecates remain a potential. There also is bilateral elbow incongruity with radioulnar step formations which is moderate in the right and mild in the left elbow. The medial coronoid process reveals clear signs of pathology in the right elbow with presence of a fissure line. The changes of the medial coronoid process of the left elbow are more subtle and of uncertain clinical significance. Clinical correlation is required, and arthroscopic revision of the shoulder and elbow joints could be considered.





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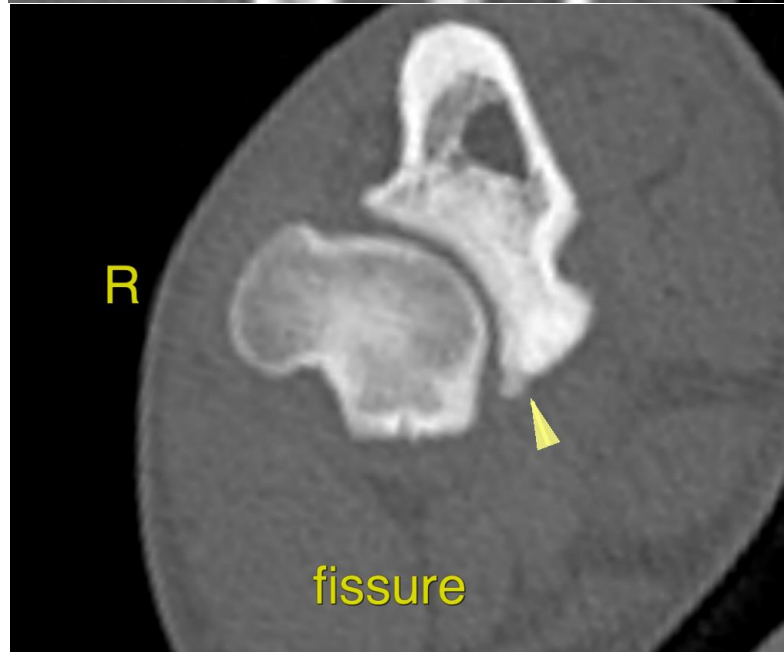
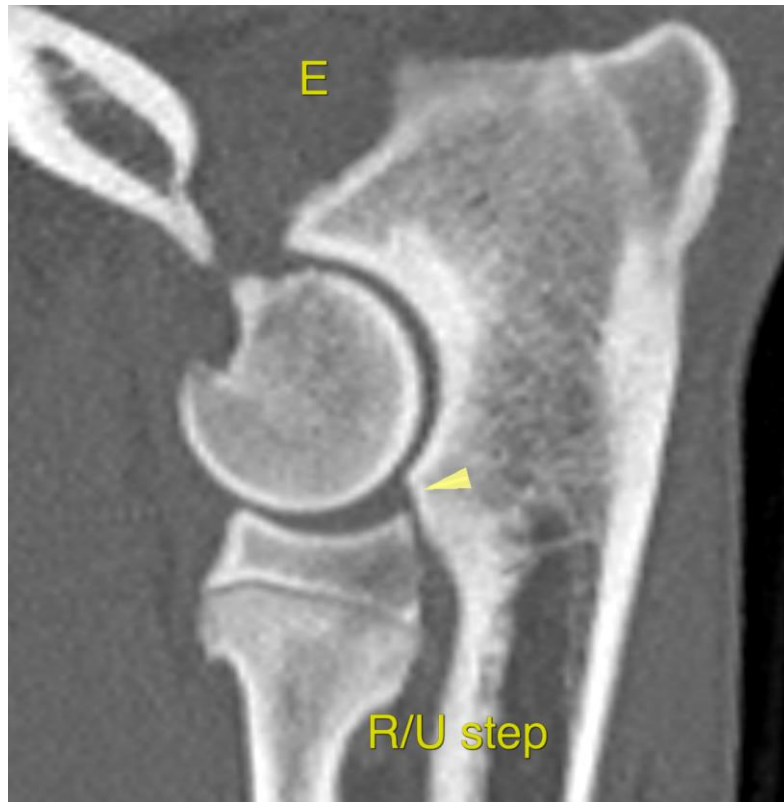
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet., DipECVDI
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