



PATIENT

Shiloh Goodnow

SPECIES

Canine

BREED

Great Pyrenees

SEX

FS

AGE

4Y, 1M

WEIGHT

88.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

73149

DATE

12-30-25

PRESENTING CLINICAL SIGNS

Came back from vacation to Shiloh limping on her right front paw, unsure of cause -Still wants to get up and follow housemate around but she is laying down more often -Tried isolating her and giving her some pain relief that didn't help

Abnormal PE/Chem/CBC/UA Results: PE: Mouth/Teeth: Mild tartar present Musculoskeletal: Non-weight bearing on right front limb. Pain and resistance to extension of right elbow with marked discomfort. Thickening of both elbows, more pronounced on right. Muscle atrophy noted on right side. No puncture wounds or external trauma observed. Left elbow mildly thickened but less uncomfortable. Remainder of orthopedic exam unremarkable.

RADIOGRAPHIC STUDY OF THE ELBOWS

Mediolateral and craniocaudal views of both elbows totaling 8 images available for review.

RADIOGRAPHIC FINDINGS

Right Elbow

Minimal osteophytosis of the radial head is present.

The medial coronoid process is smooth, uniform in opacity, and well delineated.

The joint spaces are congruent. Subchondral bone defects are not identified.

No soft tissue abnormality is seen.

Left Elbow

Minimal osteophytosis of the radial head is present.

The medial coronoid process is smooth, uniform in opacity, and well delineated.

The joint spaces are congruent. Subchondral bone defects are not identified.

No soft tissue abnormality is seen.

RADIOGRAPHIC DIAGNOSIS

- Bilateral essentially normal elbows with minimal radial head osteophytes – likely early degenerative or incidental age related.
- Normal radiographic presentation of medial coronoid processes and other joint areas.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographs show only minimal degenerative changes (radial head osteophytes) which are unlikely to account fully for the acute right forelimb lameness. The clinical signs may be due to soft tissue trauma or inflammation, early elbow synovitis, or other musculoskeletal/neurologic causes not detectable radiographically.



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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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