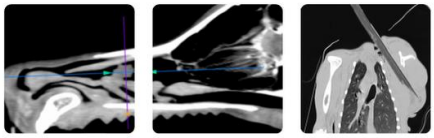

PATIENT

Draven Kee

SPECIES

Canine

BREED

German Shepherd

SEX

MI

AGE

3

WEIGHT

39

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Infernuso

INVOICE

72900

DATE

12-8-25

PRESENTING CLINICAL SIGNS

no lameness, left elbow clicking Left elbow DJD and partial UAP

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS

Post contrast study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Left Elbow

The anconeus process of the left elbow shows incomplete fusion characterized by a thin, bony, bridging band at the caudal aspect and a radiolucent zone in the mid and cranial portions of the anconeus process. There is extensive sclerosis of the proximal ulna adjacent to the anconeal process. Periarticular osteophytes are present along the anconeal process, ulna, trochlear notch, and humeral epicondyles.

The medial coronoid process is normal in shape, density, and congruity. No fissures or fragmentation are identified.

Right Elbow

The right elbow presents within normal limits. There is no evidence of medial coronoid pathology, ununited anconeus process, osteochondritis, or degenerative changes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Incomplete fusion of the anconeus process with associated degenerative joint disease of the left elbow.
- Normal CT presentation of the right elbow.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Presence of a persistent radiolucent and presumably fibrous band with only a thin caudal bony connection confirms incomplete fusion of the anconeus process consistent with ununited anconeus process. UAP is associated with abnormal joint loading and secondary elbow osteoarthritis explaining the periarticular osteophytes and ulna sclerosis. The lesion can be clinically significant though the patient is not currently clinically lame and may predispose to future discomfort, pain, and lameness, as well as to reduced range of motion of the left elbow. Orthopedic consultation for management options of ununited anconeus process including surgical stabilization or excision of the anconeal fragment should be considered at any time the patient shows clinical signs.

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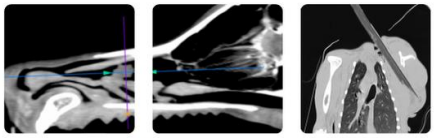

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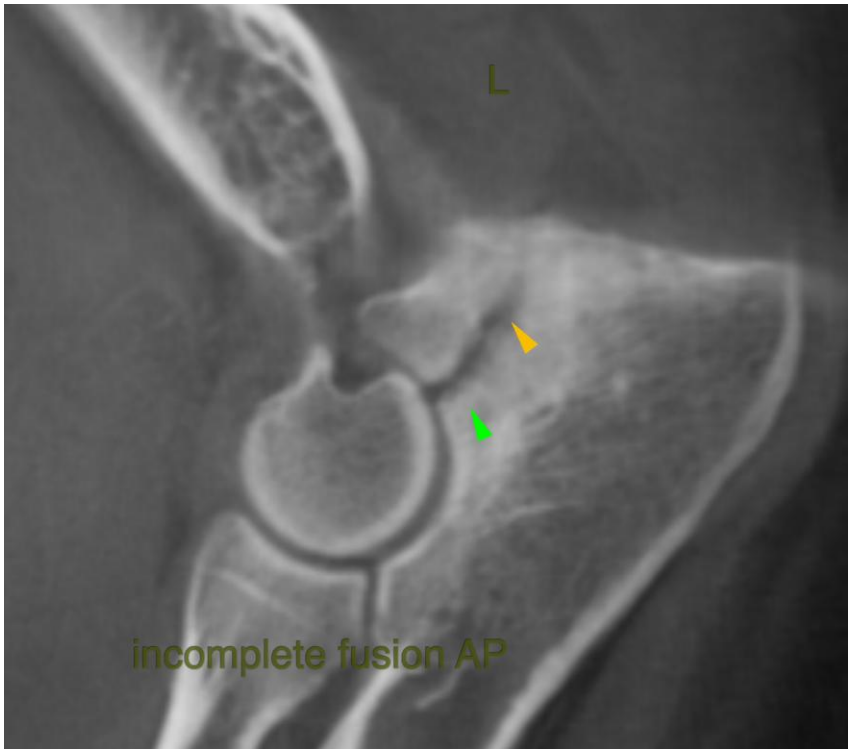

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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