



PATIENT

Bailey Hogge, Sharon

SPECIES

Canine

BREED

Mini Australian

SEX

Female

AGE

4M

WEIGHT

10lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tracy Eure

HOSPITAL NAME

Moyock Animal
Hospital

REFERRING VET

Tracy Eure

INVOICE

73574

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- Bailey presented on 1/22/26 for acute left forelimb lameness. The owner noted that he had jumped off the coffee table earlier in the day. Bailey was prescribed meloxicam and rest and a recheck was scheduled for 2/2/26. Bailey presented today for continued left forelimb lameness with no improvement since the initial visit.

Abnormal PE/Chem/CBC/UA Results: Bailey presented for a recheck today and remains lame on the left front leg. She continues to be painful on flexion and extension of the left elbow. She will bear weight but is obviously lame. Radiographs attached

RADIOGRAPHIC STUDY OF THE LEFT ELBOW

Neutral and flexed mediolateral and craniocaudal views of the left elbow are available for review in jpg format.

RADIOGRAPHIC FINDINGS

Persistence of the intercondylar physis between the lateral and medial humeral condyles is seen.

Marked subtrochlear notch sclerosis of the ulna is seen. Loss of the normal definition of the proximal cranial contour of the medial coronoid process is noted. No evidence of subchondral bone defects is seen. There is no evidence of traumatic osseous injury.

RADIOGRAPHIC DIAGNOSIS

- Incomplete ossification and lack of fusion of the humeral condyles: concurrent medial coronoid process disease cannot be excluded.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are consistent with developmental left elbow disease with a persistent intercondylar fissure with lack of or delayed physal closure. There may be concurrent medial coronoid process disease, however, the lack of intercondylar fusion is considered the primary abnormality. Acute trauma may have exacerbated the clinical signs but is unlikely to be the sole cause of the findings. Differentiation between delayed or incomplete physal closure, fissure associated pathology, and/or early coronoid disease is limited on radiographs alone. CT of both elbows is recommended to further characterize the disease and plan treatment accordingly.



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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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