



PATIENT

Brodie Down

PRESENTING CLINICAL SIGNS

Lameness right front limb. ?panosteitis, elbow dysplasia, shoulder OCD, other

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS & ELBOWS

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

BREED

German Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

Elbows

Fragmentation or fissuring of the medial coronoid process of the right elbow are not seen.

There is a 3mm sized fragment isolated from the tip of the left medial coronoid process.

SEX

Male

The subchondral bone surfaces of the medial humeral condyles present intact and smooth in both elbows. No periarticular osteophytes are seen.

AGE

4 Months

Shoulders

Pinpoint cystic defects are present in the subchondral bone of the caudal contour of the humeral head in both shoulders. See image below.

Diffuse and patchy medullary sclerosis is present within the right and left ulna and right and left humerus.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Medial coronoid pathology with fragmentation of the left elbow.
- Disturbed endochondral ossification of the humeral head in both shoulders – of uncertain clinical significance.
- Panosteitis eosinophilica.

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings do support the presence of panosteitis eosinophilica which typically is a self-limiting juvenile disorder that ceases with reaching skeletal maturity. Rest, systemic NSAID administration, and restriction of the daily caloric intake could help alleviate the clinical signs in the meantime.

REFERRING VET

John Katakasi

Note the presence of a fragmented medial coronoid process in the left elbow. At this time, there is no evidence of medial coronoid pathology in the right elbow.

INVOICE

56853

Very small subchondral bone defects in the contour of the humeral head are present in both front limbs and do support the presence of disturbed endochondral ossification. They may, however, not necessarily be associated with cartilage defects. CT or radiographic recheck in 2-4 months recommended.

DATE

2-20-23



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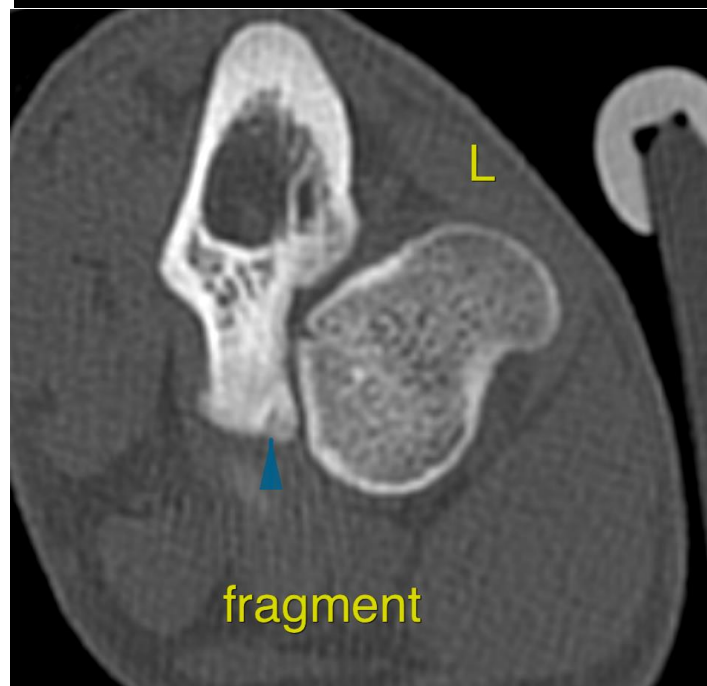
John Katakasi

INVOICE

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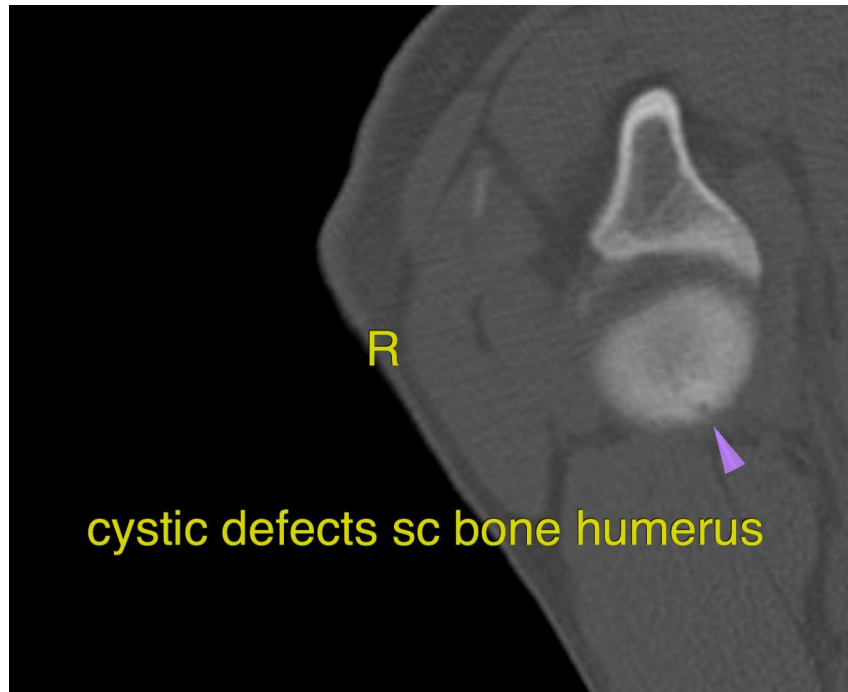
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

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