



PATIENT

Prometheus Nilles

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Ravi Seshadri

INVOICE

56936

DATE

2-25-23

PRESENTING CLINICAL SIGNS

Patient was previously diagnosed with either an FCP or UAP as a puppy. No surgery was performed. He has been off and on lame on the R fore since a young age. Since last Wednesday he is acutely non weight bearing lame R fore with significant swelling / cellulitis and oozing lymphatic fluid through the skin of the carpus. He presents for additional evaluation. Labs are consistent with a neutrophilic leukocytosis. IV catheter placed. Butorphanol for premedication and Propofol for induction. Intubated and maintained on isoflurane and oxygen by SCCS. IPPV / Breath hold as needed. Routinely completed pre and post contrast image acquisition, - the post contrast sequences are better in including the appropriate FOV. Images are consistent with normal thorax and severe regional infection and cellulitis. Patient transferred to a procedural table, placed 2 5mms punch biopsies at the palmar surface of the carpus and the mid antebrachium and drained a very large volume of purulent fluid. Samples submitted for cytology (gram positive bacteria and neutrophilic inflammation) as well as aerobic and anaerobic culture and sensitivities. Smooth recovery, bandaged and plan patient discharge later today. Owners updated

COMPUTED TOMOGRAPHIC STUDY OF THE SHOULDERS & ELBOWS

Plain and post contrast studies of the shoulders and elbows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Elbows

Extensive soft tissue swelling is seen in the right forearm and circumferential to the right elbow with interfascial and subcutaneous fat stranding.

There is articular enlargement of the right elbow joint. An exceptionally large fragment of 1.6 x 8mm is isolated from the tip of the right medial coronoid process. The remainder of the base of the right medial coronoid process presents sclerosis with loss of its trabecular bone pattern. Narrowing of the medial joint compartment with flattening and sclerosis of the medial humeral condyle are seen. There is a severe amount of periarticular osteophytes. The anconeus process is regularly fused with the ulna. No evidence of erosive arthropathy is seen.

Mild enlargement of the right axillary lymph node and right cervical lymph nodes is seen.

The left elbow joint presents within normal limits.

Shoulders

Both shoulders present mild osteoarthritic changes.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Edema/cellulitis of the right forearm.
- Medial coronoid pathology with fragmentation and severe osteoarthritis in the right elbow.
- Normal CT findings of the left elbow.
- Mild osteoarthritis of both shoulders.



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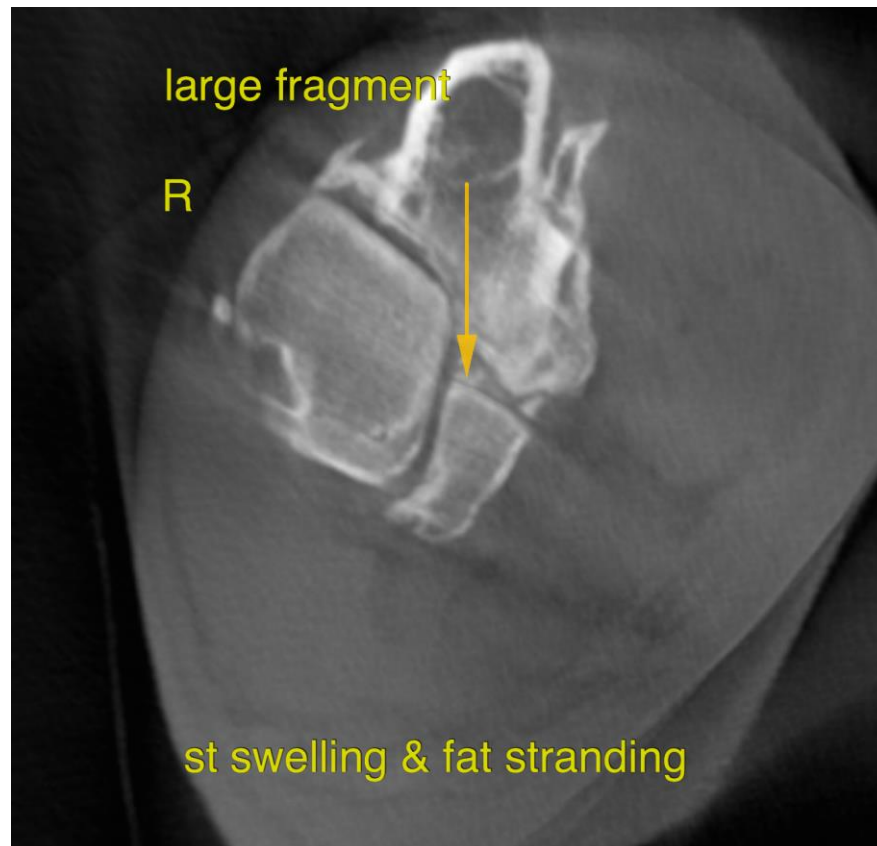
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A specific cause of the front limb edema/cellulitis cannot be identified. The findings of the right elbow rather support the presence of severe osteoarthritis secondary to the medial coronoid pathology with a large fragment of the medial coronoid process than representing typical changes in septic arthropathy. Extraarticular causes of the edema/cellulitis are considered more likely based on the CT findings despite the significant arthropathy of the right elbow.



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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com