

PATIENT

Nova Bartos

SPECIES

Canine

BREED

Husky X

SEX

FS

AGE

6Y, 4M

WEIGHT

32.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Tara Macsymic

INVOICE

73598

DATE

2-3-26

PRESENTING CLINICAL SIGNS

History:

- Intermittent left thoracic limb lameness starting about 2 mths ago. Most noticeable after she first gets up from lying down but she warms out of it. Has had some rest but it has not been complete and she is still playing fetch and playing with the other dog. Hx of IMHA. On thyroid meds.

Abnormal PE/Chem/CBC/UA Results: On exam mild weightbearing left thoracic limb lameness & palpable elbow swelling. Appears to be some elbow swelling on the right as well but it is less noticeable. No joint instability, no real pain response. She tenses up repeatedly with full extension of the left elbow. No response to shoulder or carpal manipulation. X-rays show some evidence of elbow arthritis that is more evident on the right. Bloods WNL.

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL SPINE, SHOULDERS, & ELBOWS

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Elbows

Severe bilateral osteoarthritis affecting the elbows is seen with joint space narrowing, subchondral bone sclerosis, and extensive periarticular osteophyte formation.

Presence of spherical osteochondromas is seen in the right elbow.

The effusion and synovial thickening of the right elbow are considered moderate. Effusion and synovitis are more pronounced on the left side.

Primary elbow dysplasia is not detected. There is no evidence of primary medial coronoid pathology or osteochondritis. The anconeus processes are completely fused.

Flexor origin swelling with increased contrast enhancement and enthesiophyte formation of the medial humeral epicondyles is noted bilaterally consistent with associated secondary flexor enthesiopathy.

Shoulders

Isolated infraglenoid ossicles are noted and considered incidental.

There is no evidence of significant effusion, synovitis, subchondral bone defects, or osteophytosis. No evidence of aggressive bone disease is seen. Biceps tendon effusion is not noted.

Cervical Spine

The cervical vertebrae demonstrate age appropriate conformation with no evidence of significant compressive lesions, traumatic osseous injury, discospondylitis, or aggressive bone disease.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe bilateral elbow osteoarthritis, L>R, with synovitis, effusion, and chronic inflammatory osteochondromas in the right elbow.



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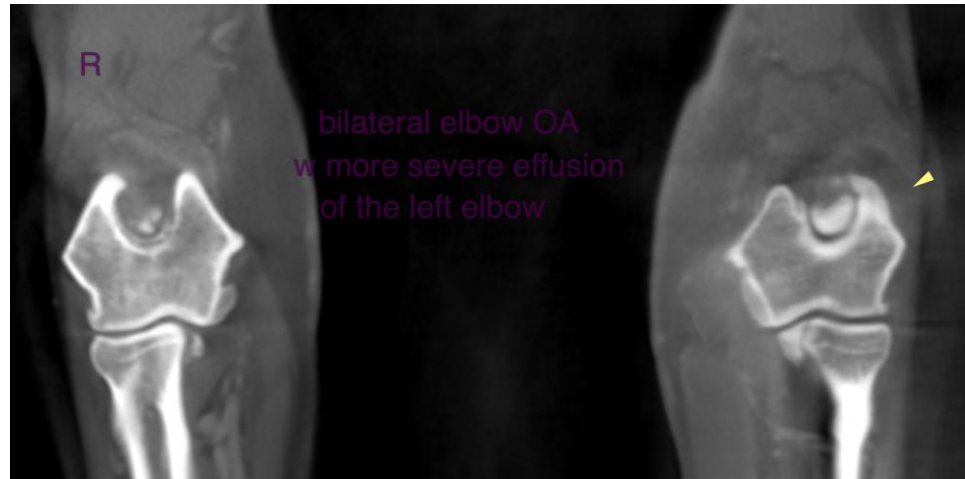
- Bilateral secondary flexor enthesiopathy, L>R.
- Shoulders and cervical spine within age appropriate limits.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings correlate with the clinical presentation of intermittent left thoracic limb lameness. Bilateral severe osteoarthritis is seen. The degree of effusion and synovitis is presently more pronounced on the left, however, bilateral involvement is present. Underlying primary lesions of elbow dysplasia are not noted. The presence of osteochondromas on the right is likely a consequence of chronic active inflammation. Cartilage breakdown is considered possible based on the CT findings in both elbows.

The shoulders and cervical spine present no clinically relevant lesions on CT.

Conservative management of elbow osteoarthritis including medical management, physical therapy, and local intraarticular injections with hyaluronic acids, PRP, and other can be considered. Surgical management could be considered should the multimodal conservative management fail to improve clinical signs.



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