



PATIENT PRESENTING CLINICAL SIGNS

Tank Martin Dog fight with 30# dog(daughters pet) puncture wounds on front left leg, right front has a few and top of head and ears. Limping on left front weight bearing. Unsure if other dog is utd on Rabies.

SPECIES Abnormal PE/Chem/CBC/UA Results: Ambulatory X 4, LIMPING LEFT FRONT PUNCTURE WOUND TO LEFT FORELIMB JUST BELOW ELBOW PAINFUL TO PALPATION JOINT RANGE OF MOTION NORMAL RIGHT FRONT HAS PUNCTURE MEDIAL FOREARM

Canine

BREED

RADIOGRAPHIC STUDY OF THE ELBOWS

Mediolateral and craniocaudal views of both elbows totaling 4 images available for review.

Staffordshire Terrier

RADIOGRAPHIC FINDINGS

SEX

Left Elbow

Male

Extensive soft tissue swelling with emphysema and skin surface irregularity is seen in the left forearm level with and distal of the elbow joint.

AGE

The cranial contour of the medial coronoid process is decrease in opacity. Subtrochlear notch sclerosis of the ulna is seen. There is a moderate amount of periarticular osteophytes accentuating the radial head and anconeus process.

2 Years, 9 Months

INTERPRETED BY

Right Elbow

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Mild soft tissue emphysema appears to be present in the right front limb level with the proximal third of the radius and ulna.

There is a nodular soft tissue opacity superimposed onto the mid third of the right ulna.

HOSPITAL NAME

The medial contour of the medial coronoid process is blurred and decreased in opacity in the right elbow. Subtrochlear notch sclerosis of the ulna and a moderate amount of periarticular osteophytes are seen.

Dr. Leon Anderson

REFERRING VET

RADIOGRAPHIC DIAGNOSIS

Kim Allyn, DVM

- Acute soft tissue injury with periarticular emphysema in the left elbow.
- Acute soft tissue injury with mild emphysema in the soft tissues of the right forearm.
- Bilateral medial coronoid pathology with moderate secondary osteoarthritis.
- Suspect dermal soft tissue nodule in the right forearm.

INVOICE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DATE

Articular involvement and in other words, articular gas is not directly seen in the left elbow. There is a large gas bubble level with and caudal of the left humerus which, however, is more likely to represent summation artifact rather than true intraarticular gas. Nevertheless, puncture of the left joint capsule cannot be ruled out entirely and arthroscopic revision as well as lavage of the left elbow could be considered in order to address the medial coronoid pathology as well as potentially infected articular injury. The medial coronoid pathology is bilateral. The secondary osteoarthritic changes are moderate and slightly more pronounced on the left side. Clinical

3-8-22



PATIENT

significance may vary between the right and left front limb.

Tank Martin

Consider fine needle aspiration of the soft tissue nodule in the right forearm for further definition and to rule out neoplasia.

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

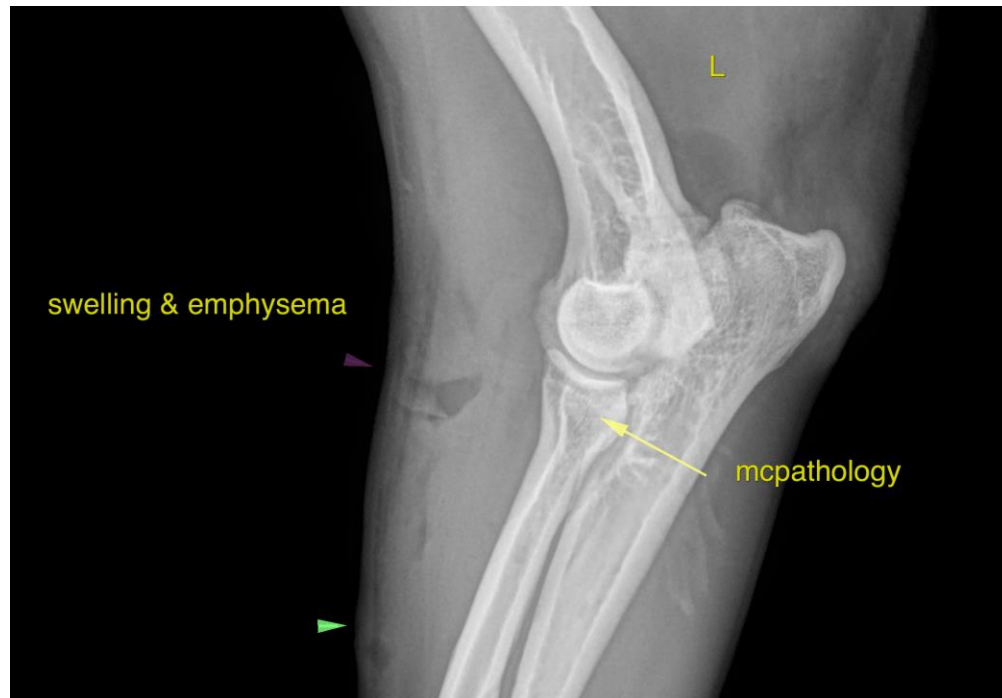
Male

AGE

2 Years, 9 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI



HOSPITAL NAME

Dr. Leon Anderson

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.

REFERRING VET

Kim Allyn, DVM

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.

INVOICE

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