



PATIENT

Lou Lavitt

SPECIES

Canine

BREED

Australian Shepherd X

SEX

Female Spayed

AGE

2Y

WEIGHT

16.4kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Andrew Burton

HOSPITAL NAME

Mountain West
Veterinary Specialists

REFERRING VET

Dr. Andrew Burton

INVOICE

74602

DATE

4-14-26

PRESENTING CLINICAL SIGNS

Progressive right hind limb lameness improves with rest and nsaid's; painful upon exam; no specific pain on palpation of the digits
infectious disease screening negative no neuro deficits; no stifle instability or fusion.
significant lameness with no specific source.

COMPUTED TOMOGRAPHIC STUDY OF THE TARSUS & METATARSUS

Post contrast study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Tarsal Joints:

Both tarsal joints present normal osseous anatomy and alignment with no evidence of degenerative change, osteochondritis, fractures, luxation, or joint effusion. Periarticular margins present within normal limits. No articular swelling is seen.

Metatarsophalangeal Joints:

The 3rd and 4th metatarsophalangeal joints bilaterally present minimal smooth periarticular new bone formation. Changes are very subtle and symmetric. No discrete osseous lysis, fracture, or aggressive bone lesion is identified. No significant articular swelling can be seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild bilateral signs of early degenerative arthropathy of the 3rd and 4th metatarsophalangeal joints.
- No CT evidence of fracture, infectious osteitis, aggressive bone lesion, or significant tarsal pathology.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Overall, the CT findings do not fully explain the degree of unilateral right dominant hind limb lameness. Mild periarticular new bone formation is present at the 3rd and 4th metatarsophalangeal joints most consistent with early or mild degenerative joint disease and less likely possible low-grade repetitive strain. The patient's age, activity related lameness, and minimal imaging abnormalities raise concern for nonstructural or subtle soft tissue source of pain which may not be appreciable on CT. Potential differentials to consider include early or dynamic soft tissue injury, intermittent biomechanical overload, or pain originating from proximal structures.



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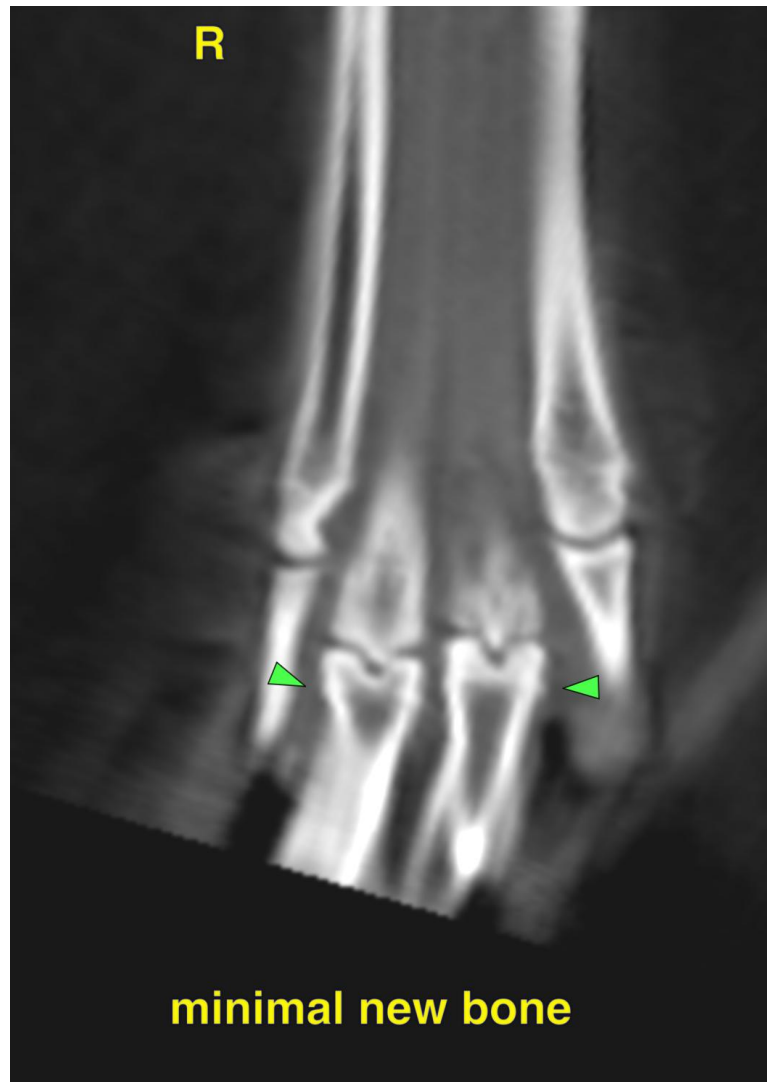
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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