

**PATIENT**

Gus Geisenhof

PRESENTING CLINICAL SIGNS

2 wk history of intermittent right thoracic limb lameness. No improvement with rest by owner. Pet does jump and hang from wall around yard. No known trauma, but pet is normally fairly energetic

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Lameness not observed at time of exam. No obvious effusion or pain elicited with limb/joint palpation or manipulation. Normal vitals. BW not performed.

BREED

Pitbull Mix

RADIOGRAPHIC STUDY OF THE RIGHT FRONT LIMB

Craniocaudal view of the right forearm and right front paw totaling 1 image available for review in jpeg format.

RADIOGRAPHIC FINDINGS**SEX**

MN

Transverse radiolucent line is seen in the distal right ulna proximal of its styloid process. The defect appears to be partially bridged by smoothly delineated new bone; however, complete fusion is not seen.

AGE

3.5 Years

The carpal joints present within normal limits.

The metacarpophalangeal joints present within normal limits.

The right elbow joint presents within normal limits as well.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Chronic fracture of the distal right ulna with no obvious displacement and no signs of disturbed healing.

HOSPITAL NAME

Ruidoso Animal Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are compatible with old traumatic injury of the distal right ulna. Partial fusion of the styloid process to the remainder of the ulna is achieved with smoothly delineated margins. No evidence of soft tissue swelling, or disturbed bone healing is seen. Clinical significance is unlikely.

REFERRING VET

Brooke Thurston

The radiographic presentation of the right carpus and right elbow was within normal limits.

INVOICE

51583

DATE

4-18-22



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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.

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