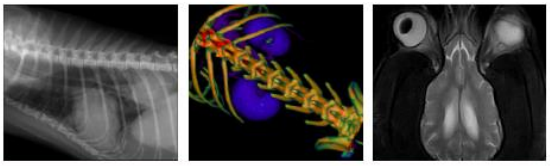
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Chuckie Bunker

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Male Neutered

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Bellmore Veterinary Hospital

INVOICE

58024

DATE

4-27-23

PRESENTING CLINICAL SIGNS

limping right front limb x last 6months, possible injury playing with housemate. Ambulatory x 4, minimal RF lameness on exam today, shoulder unremarkable on palpation, elbow decreased range of motion appreciated without crepitus or apparent discomfort, normal musculature. rec. CT right forelimb to evaluate the elbow as well as shoulder and C-spine. Abnormal PE/Chem/CBC/UA Results: CBC/CHEM- WNL

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, SHOULDERS, ELBOWS, CARPI

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Neck

A 3 x 4mm sized rounded and smoothly delineated “fragment” is isolated from the apex of the odontoid peg and presents moderate cranial and ventral displacement. The odontoid peg is rounded and presents sclerosis with loss of its trabecular bone pattern.

Shoulders

The shoulders present within normal limits. No evidence of osteochondritis or osteoarthritis is seen.

Elbows

A 2.5mm sized elongated fragment is isolated from the tip of the right medial coronoid process by a faint fissure line. Sclerosis of the subtrochlear notch of the ulna is seen. There is a small amount of periarticular osteophytes accentuated on the anconeus process. The joint spaces are congruent. No subchondral bone defects are seen.

Deformity and heterogeneous attenuation of the left medial coronoid process are seen with mild subtrochlear notch sclerosis and a small amount of periarticular osteophytes.

Carpi

The carpal joints present within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Isolation of the odontoid peg with moderate cranioventral displacement and no evidence of spinal cord compression.
- Medial coronoid pathology with fragmentation and early secondary elbow osteoarthritis of the right elbow.
- Medial coronoid pathology without fragmentation and early secondary osteoarthritis of the left elbow.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals an isolated tip of the odontoid peg. Primarily disturbed ossification with

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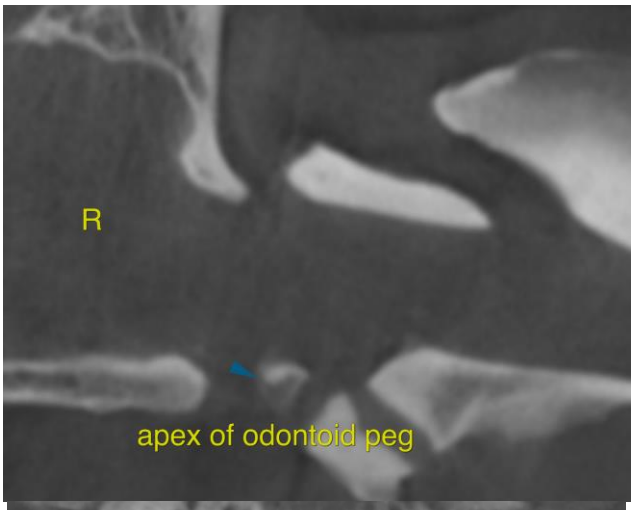
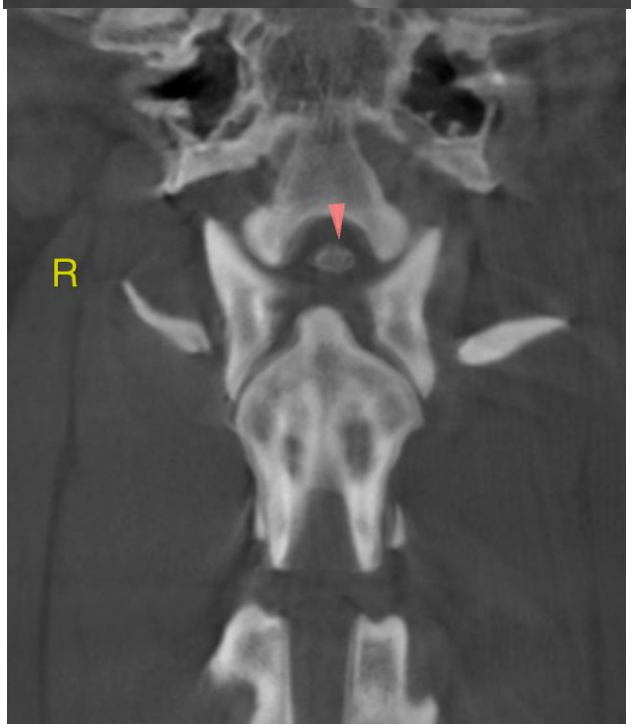
lack of fusion or incomplete fusion is considered likely. However, prior (chronic) traumatic osseous injury cannot be ruled out as a differential diagnosis. No evidence of spinal cord compression is seen at the time of the examination. However, the patient is certainly prone to upper cervical compressive myelopathy since the base of the peg is hypoplastic compared to normal anatomic relationships.

The cause of the current clinical lameness however is likely to be the elbow dysplasia with fragmentation of the medial coronoid process in the right elbow. The left elbow presents milder changes which suggests potential for either osteomalacia or micro-fissures within the tip of the medial coronoid process.





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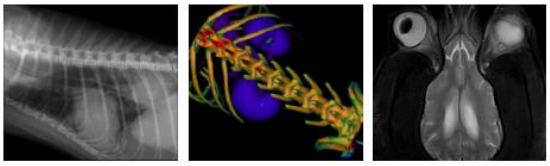

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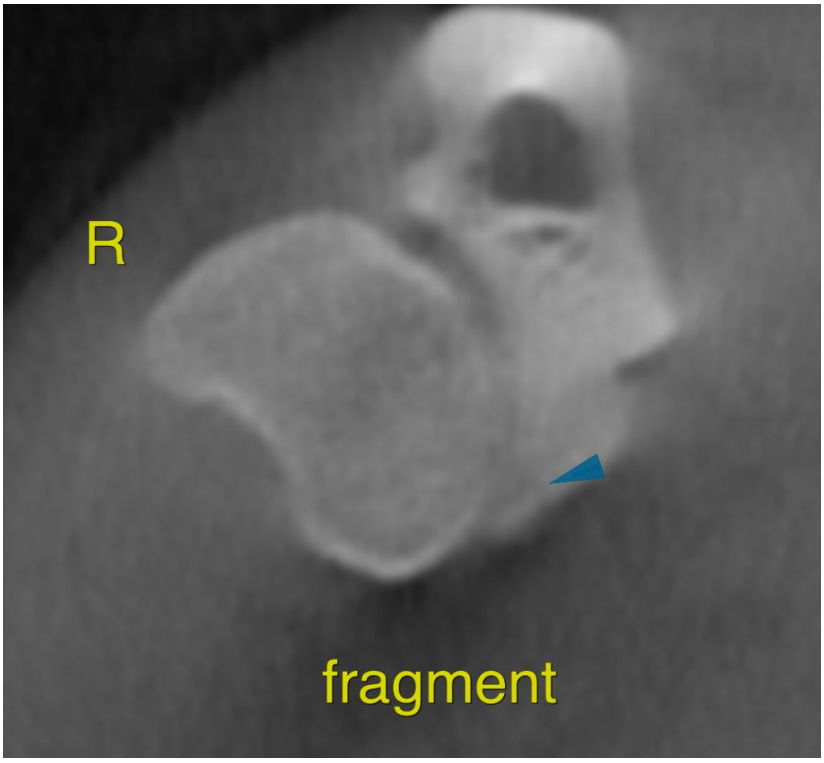

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com