



PATIENT

Bentley Chester

PRESENTING CLINICAL SIGNS

Patient presented for limping on the right front leg since January. Swelling and heat noted on both medial and lateral aspect of right elbow.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ELBOWS

Mediolateral and craniocaudal views of the right elbow and lateral views of the shoulders totaling 4 images available for review.

BREED

Labrador Retriever

Interpretation of the elbows requested.

SEX

Male

RADIOGRAPHIC FINDINGS

Cranial contour blurring, decreased size, and decreased opacity of the medial coronoid process are seen in the right elbow. There is extensive subtrochlear notch sclerosis of the ulna.

A large amount of periarticular osteophytes is seen. Large smoothly delineated bone formations with trabecular pattern are seen emerging from the lateral and medial humeral epicondyles at the flexor and extensor entheses. The flexor origin appears to present extensive soft tissue swelling.

AGE

9

There is no evidence of aggressive osteolytic lesions.

Articular swelling appears to be present, and the medial joint compartment is narrow.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- End stage degenerative joint disease after medial coronoid pathology with suspect medial compartment syndrome and flexor as well as extensor enthesopathies.

HOSPITAL NAME

Faith Animal Care

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals signs of elbow dysplasia in the right elbow in terms of medial coronoid pathology with severe chronic secondary osteoarthritic changes. The narrowing of the medial compartment suggests potential for medial compartment syndrome with cartilage breakdown. There appears to be chronic concurrent flexor and extensor enthesopathy which may contribute to the clinical signs. No evidence of aggressive osteolytic lesions is seen.

REFERRING VET

Dr. Faith

INVOICE

58086

DATE

5-2-23



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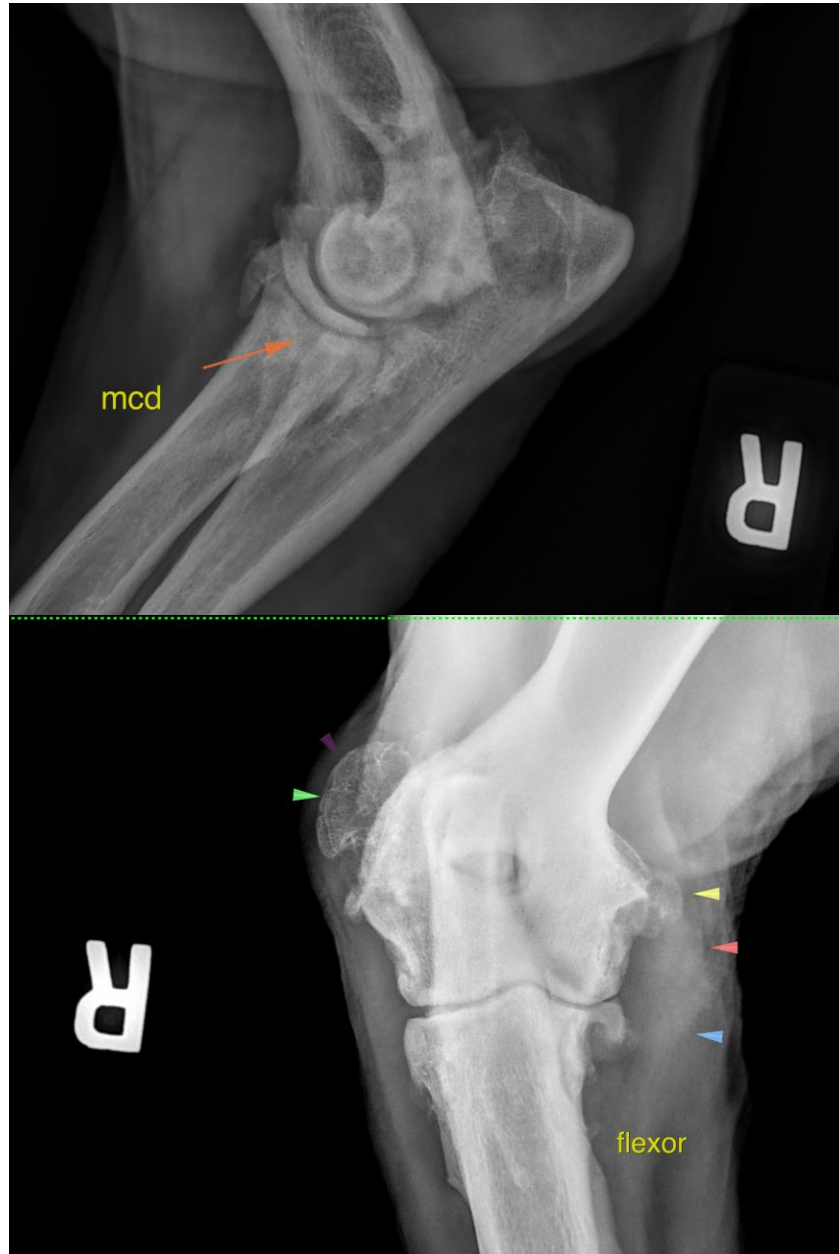
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,



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