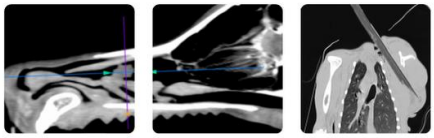

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PATIENT

Roxy Haynes

SPECIES

Canine

BREED

Pitbull/Lab

SEX

FS

AGE

8Y, 3M

WEIGHT

61lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet Clinic

REFERRING VET

Dr Raul Casas

INVOICE

75240

DATE

6-1-26

PRESENTING CLINICAL SIGNS

-Presents for acute non-weight bearing lameness left front limb after yelping on stairs.
- No prior left front limb issues.
- History of bilateral stifle replacement.
- Intermittent lameness left front limb since incident; otherwise eating, drinking, and acting normally.
- No vomiting, diarrhea, coughing, or sneezing.
- Client notes deceased tooth; prior dental disease.

Current medications:
- Cosequin (ongoing).
- Aspirin (administered by client for pain).

Abnormal PE/Chem/CBC/UA Results: Tooth 206: increased tartar, gingival recession, tooth exposure, non-vital, probable root infection or fracture, Left front limb: non-weight bearing lameness, worsened with manipulation of digits and elbow; elbow pain on palpation, positive response to manipulation

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS

Plain study available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Both elbow joints demonstrate chronic degenerative changes with mild to moderate periarticular osteophytes and subchondral bone sclerosis. Evidence of subchondral bone defects is not seen. Bilateral remodeling, ill definition, and decreased attenuation are seen at the tip of the medial coronoid processes with sclerosis of the base of the medial coronoid processes. No significant joint incongruity is noted. Mild to moderate enthesiophytes are present at the medial humeral epicondyles which indicate chronic concurrent flexor enthesiopathy. No acute fracture, fissure, or aggressive osseous lesion is identified in either elbow.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral chronic medial coronoid process disease (elbow dysplasia complex).
- Associated mild to moderate bilateral elbow osteoarthritis with presumed medial compartment degeneration and chronic concurrent flexor enthesiopathy.
- No displaced coronoid fragments identified.
- No CT evidence of acute fracture or aggressive osseous lesion.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with chronic bilateral elbow dysplasia characterized by medial coronoid process disease and secondary mild to moderate osteoarthritis as well as concurrent chronic flexor enthesiopathy. These changes are certainly capable of causing forelimb lameness and elbow pain, however, the imaging findings appear chronic in nature and do not demonstrate an obvious acute traumatic lesion that would readily explain the reported sudden onset of severe non-weightbearing lameness. It is possible that the acute event resulted in exacerbation of preexisting elbow disease through synovitis, cartilage injury, or aggravation of medial compartment pathology. However, other causes of lameness should be considered as well in correlation with the orthopedic examination findings to further identify the source of pain. Arthroscopy may be considered if persistent elbow pain is present and further characterization of the medial compartment disease is desired.

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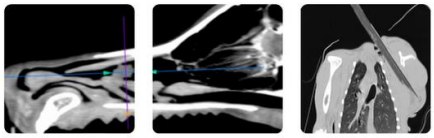

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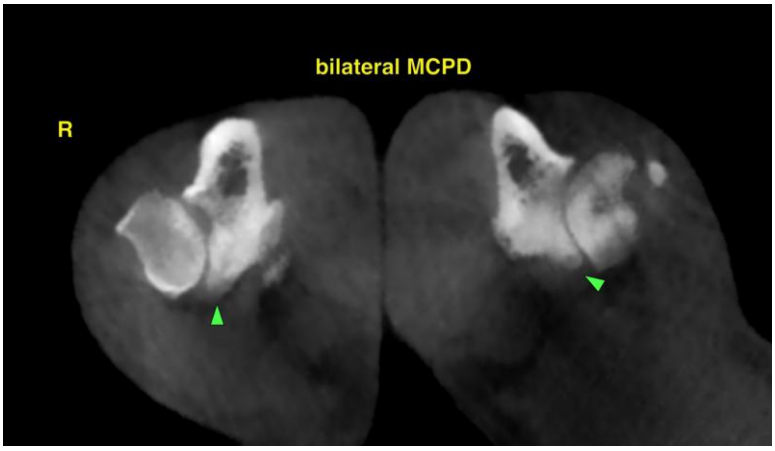

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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