SonoPath Teleradiology
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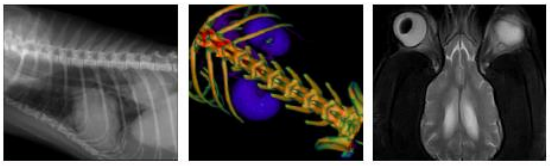

PATIENT

Timber Lassen

SPECIES

Canine

BREED

Otterhound

SEX

MN

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Southern Oregon Veterinary Specialty Center

REFERRING VET

Ravi Seshadri

INVOICE

59377

DATE

7-17-23

PRESENTING CLINICAL SIGNS

Murmurs and adult mixed breed dog, who has crop prior history of bilateral elbow arthritis. Recently he has become more lame. He is currently on nonsteroidals and glucosamine with chondroitin. He has previously had a dermal hamartoma excised but is otherwise in good health. Today on his baseline lab parameters his alkaline phosphatase was mildly elevated, and his hemogram revealed a mild anemia. His physical exam was unremarkable except for bilaterally decreased range of motion in both elbows. He underwent an uneventful CT scan under dexmedetomidine and butorphanol sedation, and has recovered uneventfully post CT with Antisedan reversal. The CT scan is being submitted to radiology for review. The scan was a postcontrast sequence, and despite our best efforts there is mild motion artifact associated with the left elbow. Based on the radiology read out were going to consider either platelet rich plasma or librela for therapy.

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS

Plain and post contrast studies available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Right Elbow

Two isolated fragments of 9 x 3mm and 4 x 3mm diameter are seen in the cranial joint compartment. The tip of the medial coronoid process is ill-defined and blunted. Sclerosis of the trochlear notch of the ulna is seen. There is flattening and sclerosis of the subchondral bone of the medial humeral condyle with a narrow medial joint compartment. A large amount of periarticular osteophytes is present. There is an 8mm sized osseous metaplasia within the thickened origin of the flexor muscles. Irregular outline of the medial humeral epicondyle is seen as well as increased contrast enhancement within the flexor origin.

Left Elbow

A fissure is separating an in situ fragment with lower attenuation in the tip of the left medial coronoid process. Sclerosis of the trochlear notch of the ulna is seen. No evidence of subchondral bone defects in the medial humeral condyle is noted. There is a moderate amount of periarticular osteophytes and mild swelling as well as mildly increased contrast enhancement within the flexor origin.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Medial coronoid pathology with isolated and displaced fragments in the right elbow.
- Severe chronic osteoarthritis and flexor enthesopathy of the right elbow.
- Medial coronoid pathology with a fissure and moderate secondary osteoarthritis of the left elbow.
- Mild flexor enthesopathy of the left elbow.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilateral medial coronoid pathology. Isolated and displaced fragments are present in the right elbow joint. There is evidence of medial compartment syndrome. Severe chronic active osteoarthritis and flexor enthesopathy are seen in the right elbow as well.

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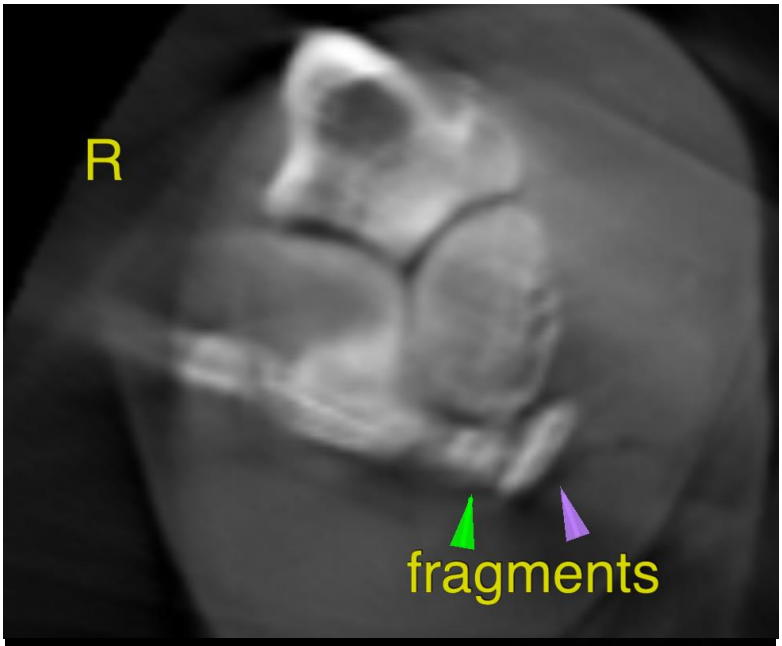
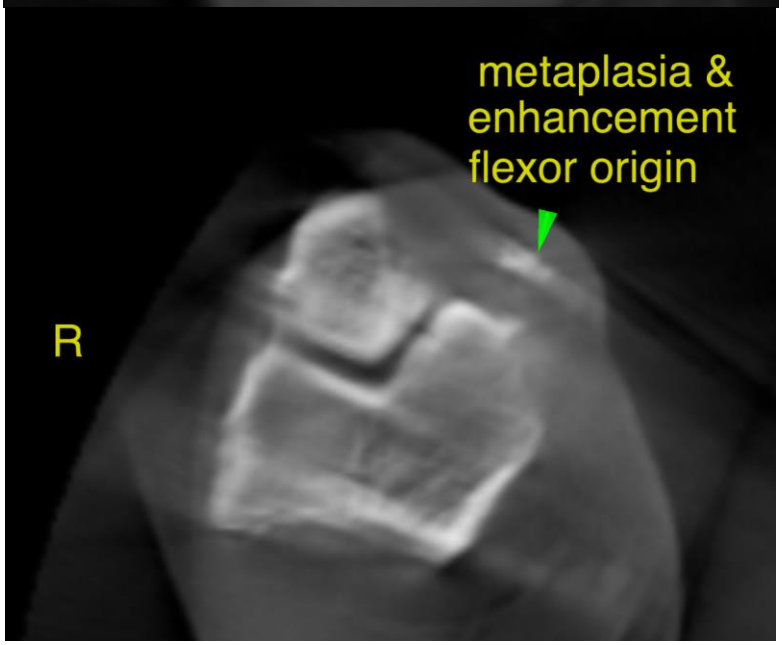
The changes in the left elbow are compatible with a fissure within the medial coronoid process with moderate secondary osteoarthritis and mild flexor enthesopathy.





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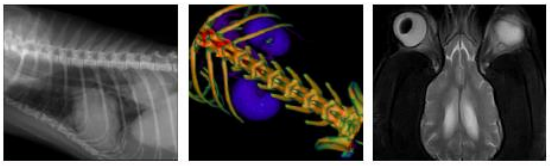

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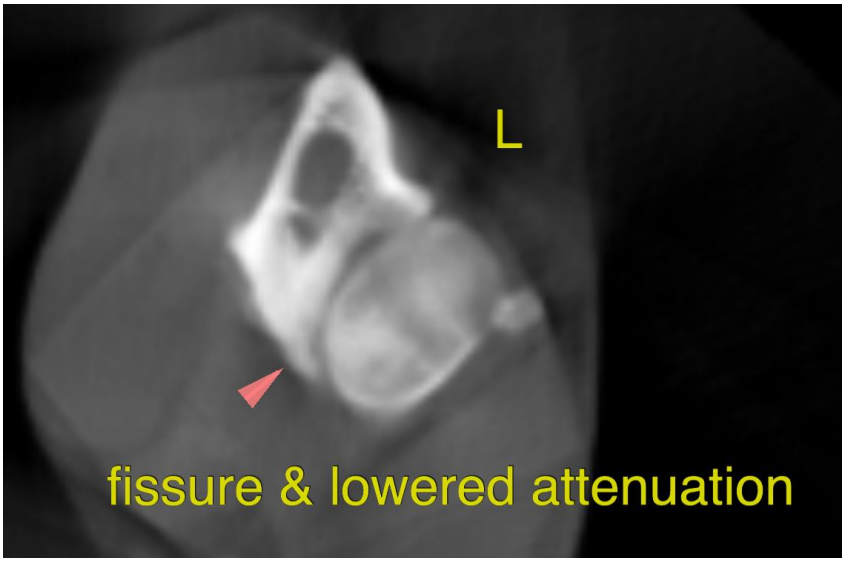

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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