



**PATIENT**

Oliver Slater

**PRESENTING CLINICAL SIGNS**

left forelimb lameness., started around 5 months of age, he would run hard and would limp, after lying down would be very lame on the left front. Ortho: forelimbs: No digital crepitus or pain. No carpal effusion, normal range of motion. Full range of motion of elbow, no pain on coronoid palpation. Breath holding on extension of the shoulders, more pronounced on the left. Ortho exam for pelvic limbs: No pain on digital or hock palpation/range of motion. No instability, creptius, or effusion of stifle. No laxity of patella. No pain on hip range of motion or abduction. Suspected left shoulder osteochondrosis dissecans L Shoulder CT performed Aug 10th 2021

**SPECIES**

Canine

**BREED**

Bernese Mountain Dog

**COMPUTED TOMOGRAPHIC STUDY OF THE LEFT SHOULDER**

Plain study in bone and soft tissue windows available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**SEX**

M

There is a large concave subchondral bone defect with mild peripheral sclerosis within the caudal aspect of the left humeral head. The defect measures 12mm in diameter and 3mm in depth.

Moderate articular enlargement of the left shoulder joint is seen.

**AGE**

11 Months

There are mineral attenuating structures within the biceps tendon level with and distal of the intertubercular groove; one of which is partially mineralized and measures approximately 10mm in diameter. Smaller mineral attenuating structures are seen further distally.

Early osseous remodeling of the intertubercular groove's bone surface is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Osteochondritis dissecans of the left humeral head with displacement of the dissecate into the biceps tendon sheath and presumed secondary tenosynovitis.

**HOSPITAL NAME**

Animal Health Partners

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the left shoulder confirms the suspected osteochondritis dissecans. A mineralized flap appears to be displaced into the bicipital tendon sheath. Joint effusion and effusion of the synovial sheath of the biceps are seen compatible with synovitis. Secondary tenosynovitis appears to be a potential as well. The smaller mineral attenuating foci further distally within the bicipital tendon sheath may represent small mineralized cartilage fragments as well as dystrophic mineralization secondary to the tenosynovitis.

**REFERRING VET**

Dr. Jeffery Biskup

**INVOICE**

46930

**DATE**

8-10-21



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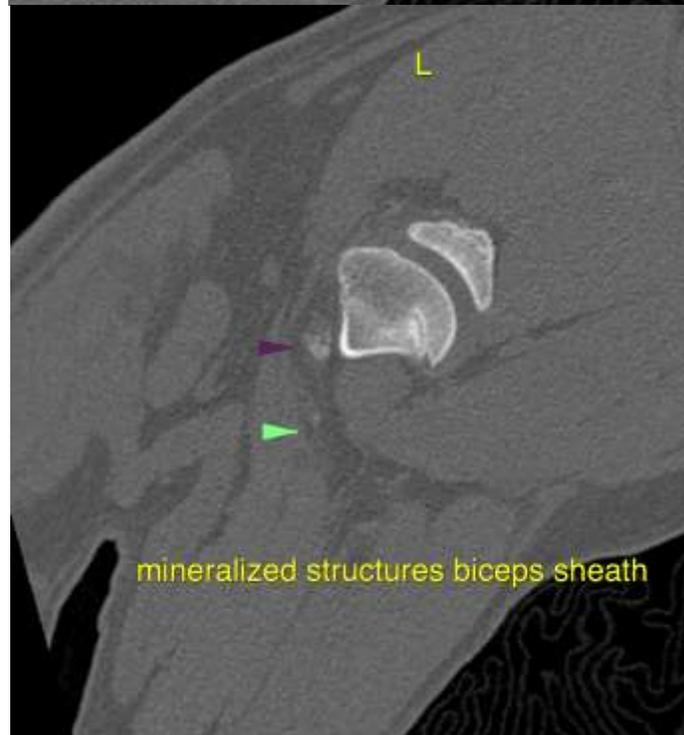
Dr. Jeffery Biskup

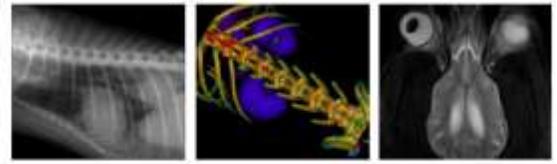
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Bernese Mountain  
Dog

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