

**PATIENT**

Stella Noelck

**PRESENTING CLINICAL SIGNS**

Chronic intermittent forelimb lameness, unable to appreciate which limb, initially responded to onsor however no further improvement, limp now remains persistent

**SPECIES**

Feline

**RADIOGRAPHIC STUDY OF THE SHOULDERS**

Mediolateral and craniocaudal views of both shoulders totaling 4 images available for review.

**BREED**

DSH

**RADIOGRAPHIC FINDINGS**

There is a spherical rounded isolated bone structure with corticomedullary pattern of 3mm in the caudal aspect of the right scapulohumeral joint. The infraglenoid tubercle of the glenoid cavity of the right scapula appears to be blunted. Mild osseous remodeling and new bone formation of the periarticular margins is noted. There appears to be subchondral bone sclerosis of the humeral head however, no obvious defect is seen. within the subchondral bone.

**SEX**

Female Spayed

The radiographic presentation of the left shoulder is within age related normal limits.

**AGE**

9.4 Years

**RADIOGRAPHIC DIAGNOSIS**

- Right shoulder arthropathy with large, isolated ossicle in the caudal aspect of the scapulohumeral joint.
- Radiographically normal left shoulder.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals an isolated ossicle in the caudal aspect of the right scapulohumeral joint. Osteochondromatosis is a potential and commonly is secondary to activated osteoarthritis. However, prior trauma or a primarily isolated ossicle of the infraglenoid tubercle, secondary to disturbed endochondral ossification with hypertrophy, cannot be ruled out entirely.

**HOSPITAL NAME**

Boca Park Animal  
Hospital

**REFERRING VET**

Laura Warren

**INVOICE**

47108

**DATE**

8-23-21



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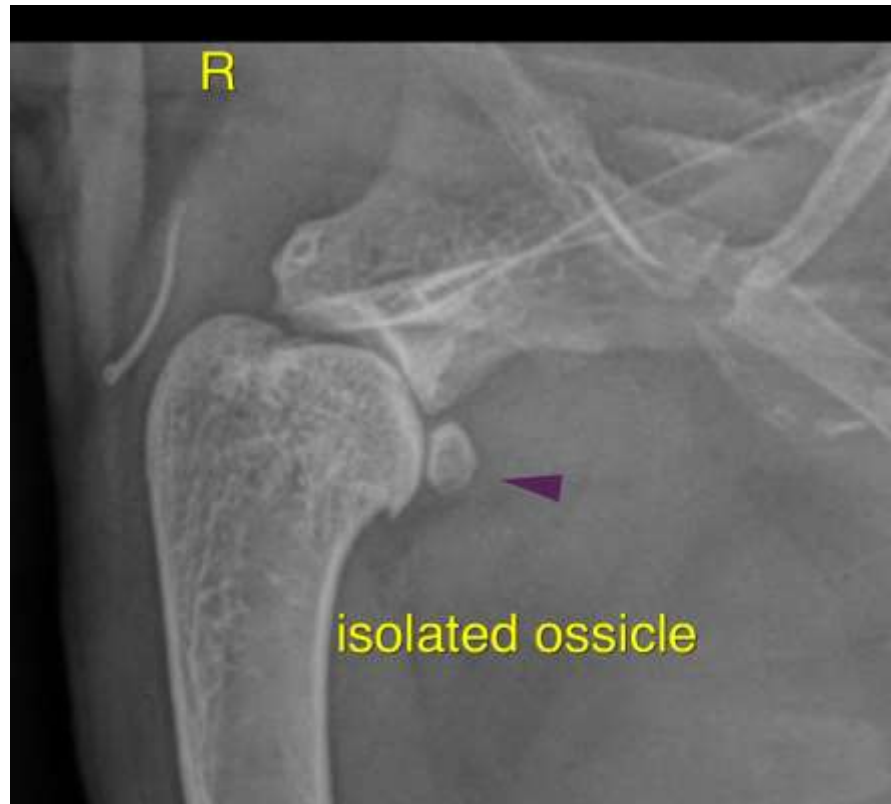
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**, DVM, Dr. med. vet., DipECVDI  
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