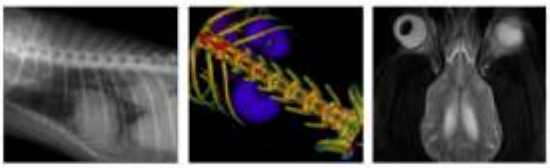
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Thunder Hommel

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Male

AGE

4 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

All Creatures Animal Hospital of South Hill, Inc.

REFERRING VET

Dr. Kline

INVOICE

47110

DATE

8-23-21

PRESENTING CLINICAL SIGNS

Radiologist review history: 2 week duration of progressive pain of the neck and back; patient presented with "haunched up appearance" with significant muscle atrophy over the caudal thoracic and cranial lumbar regions of the spine. Patient also was reluctant to ventral neck flexion on exam. Patient ambulated with significant lameness associated with the left front limb,with crepitus and thickening palpated in the left elbow. Patient has a history of suspected medial coronoid process fragmentation/elbow dysplasia.

RADIOGRAPHIC STUDY OF THE CERVICAL SPINE, THORACOLUMBAR JUNCTION, & LEFT ELBOW

Lateral views of the thoracolumbar junction, cervical spine, and mediolateral view of the left elbow, as well as ventrodorsal view of the thoracic spine totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

Left Elbow

Blurring of the cranial contour and blunted appearance of the medial coronoid process are seen. There is a radioulnar step formation in the left elbow. Subtrochlear notch sclerosis of the ulnar is present as well as a large amount of periarticular osteophytes. There also appears to be flattening of the subchondral bone of the medial humeral condyle.

Cervical Spine / Thoracolumbar Junction

Number, alignment, and general anatomy of the visible cervical vertebrae present within normal limits.

Severe spondyloses are present within the thoracolumbar junction area.

The intervertebral disc spaces T11/12 and T12/13 appear to be reduced in width. There also is intervertebral disc space narrowing at L1/2 and L2/3.

L2/3 vertebral end plates present significant sclerosis and osseous remodeling with small concave defects.

RADIOGRAPHIC DIAGNOSIS

- Medial coronoid pathology and incongruity with severe secondary osteoarthritis of the left elbow.
- Multiple intervertebral disc disease and spondyloses within the caudal thoracic and cranial lumbar spine.
- Chronic active osseous remodeling of the vertebral end plates L2/3.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Severe osteoarthritis of the left elbow is noted secondary to elbow dysplasia with underlying medial coronoid pathology, most likely fragmentation, and incongruity with long ulnar.

There also is evidence of multiple chronic intervertebral disc disease within the caudal thoracic

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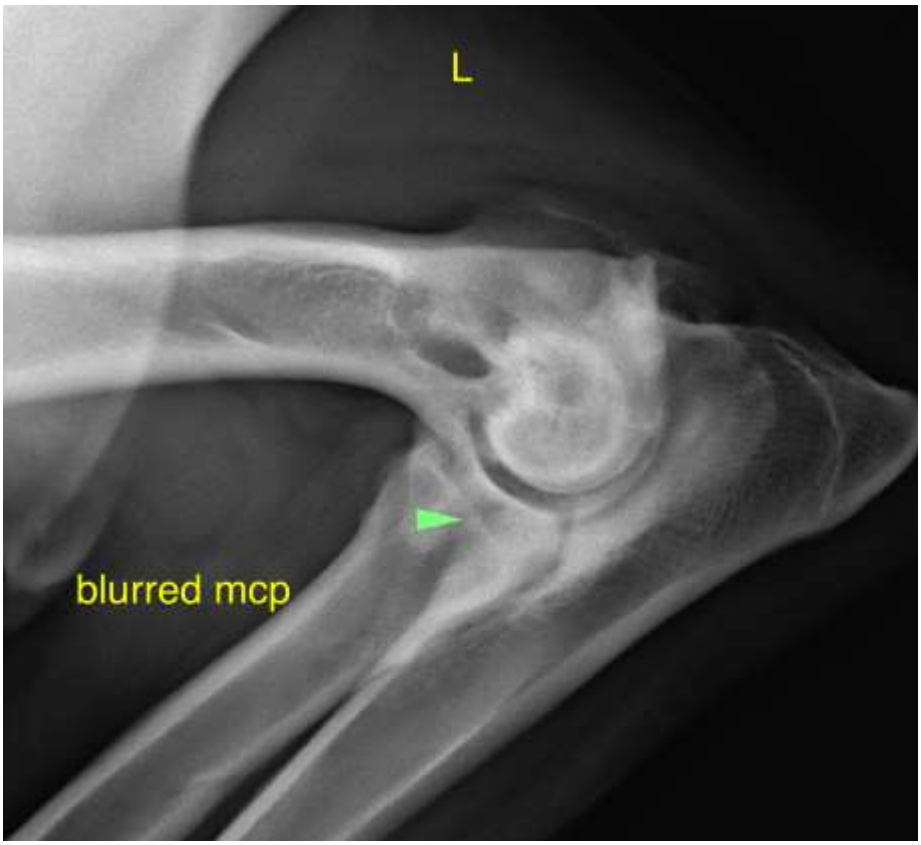
and cranial lumbar spine. Active remodeling with modic changes and/or Schmorl's nodes are considered the most likely cause of the presentation of the L2/3 vertebral end plates. However, chronic low grade underlying discospondylitis cannot be ruled out entirely.



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.

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