



**PATIENT**

Max Palmer

**PRESENTING CLINICAL SIGNS**

Lameness in RF since March. Did well on meloxicam but then started to refuse walks. O says lost 1.5kgs in weight - thought due to not going for walks. Licking and nibbling at foot. Now has significant atrophy in rt shoulder and does not like L shoulder extension and flexion all following a fall. ? Supraspinatus/bicep/medical collateral

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS**

Plain and post IV contrast studies of the shoulders and elbows in soft tissue and bone windows as well as right shoulder arthrogram available for review.

**BREED**

Kelpie

**COMPUTED TOMOGRAPHIC FINDINGS**

Moderate atrophy of the right front limb musculature is seen.

**SEX**

Neutered Male

**Shoulders**

Minimal exostoses are present in the medial aspect of the intertubercular grooves.

**AGE**

12 Years

The right bicipital tendon sheath is mildly distended. No evidence of structural injury of the right biceps tendon is seen. There is a 5mm sized superficial cartilage defect within the caudal aspect of the humeral head with no significant subchondral bone defect or subchondral bone sclerosis. The medial glenohumeral ligament appears to be intact, thin, and smooth.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Mild periarticular osteophytosis and isolation of the infraglenoid tubercle are noted in the left shoulder.

No evidence of supraspinatus impingement is noted in either of the shoulders.

**HOSPITAL NAME**

Adelaide Plains  
Veterinary Surgery

**Brachial Plexus**

A peripheral brachial plexus nerve is thickened within the right brachial plexus over a distance of approximately 10cm from the axillary region up to the mid third of the 1<sup>st</sup> right rib where it can be traced medially. Maximum thickness is 12mm.

The right axillary lymph node presents minimal symmetric enlargement.

**REFERRING VET**

John Katakasi

**Elbows**

The elbows present within normal age related limits.

**INVOICE**

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Right brachial plexus peripheral neuropathy with moderate atrophy of the right front limb musculature.
- No evidence of significant pathology in the right shoulder and right elbow joint.
- Mild osteoarthritis of the left shoulder.

**DATE**

9-1-22



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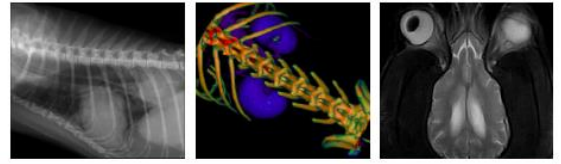
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals right brachial plexus nerve thickening with neurogenic atrophy of the right front limb musculature. Differential diagnosis includes neoplasia such as peripheral nerve sheath tumor and less likely neuritis. A clear distinction of neoplastic and inflammatory disease is not possible based on imaging alone and either clinical/imaging monitoring or sampling of the nerve could be considered for further definition.

The small cartilage defect within the caudal contour of the right humeral head appears to be very superficial and is unlikely to be of clinical significance.





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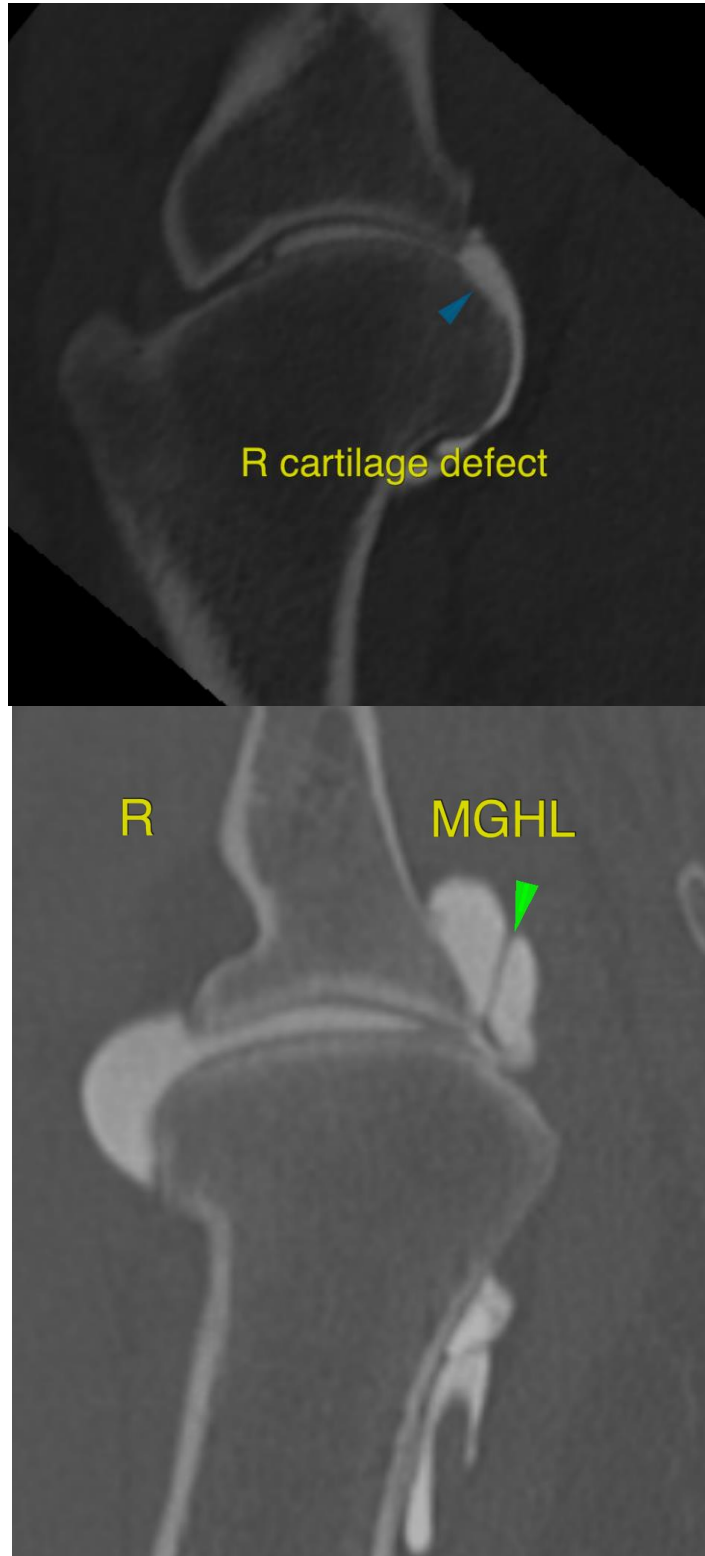
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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