

**PATIENT**

Mishka Bautista

**PRESENTING CLINICAL SIGNS**

PE, here because for about 3 months P has been limping on FR leg, O says that it happens everyday about 5 times a day but it comes and goes. inspection on walk- no lameness, BAR, m.m-pink, CRT<2sec, EENT, H/L, Abdo, U/G, skin and coat, M/S- possible mild sensitivity on shoulder joint

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographs - Send for review 4DX test- Negative disp Rimadyl 75mg BID for 7-10 days

**BREED**

German Shepherd

**RADIOGRAPHIC STUDY OF THE RIGHT FRONT LIMB**

Mediolateral and orthogonal views of the right shoulder, elbow, & carpus totaling 6 images available for review. No side markers included in the study; however, it is assumed, based on the clinical history, that the radiographs all reflect the right front limb.

**SEX**

Female

**RADIOGRAPHIC FINDINGS**

A large concave subchondral bone defect with peripheral sclerosis is seen in the caudal aspect of the humeral head. A faint mineralized flap appears to be in situ.

**AGE**

9 Months

There is extensive patchy medullary sclerosis throughout the long bones of the right front limb in their diaphyseal portions accentuating the humerus.

The radiographic presentation of the right elbow is within age related normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

No evidence of structural pathology is seen in the right carpal joint.

**RADIOGRAPHIC DIAGNOSIS**

- Osteochondritis of the presumed right humeral head.
- Panosteitis eosinophilica.

**HOSPITAL NAME**

Animal Paradise  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals disturbed endochondral ossification with osteochondritis of the right shoulder. Moreover, the findings are highly suggestive for concurrent presence of panosteitis eosinophilica which is a self-limiting juvenile skeletal disorder which results in lameness and pain in the long bones that typically ceases with reaching skeletal maturity. Both entities, the osteochondritis and the panosteitis, may need to be addressed. Consider conservative management for panosteitis with systemic NSAID administration, resting the patient, and restricting the daily caloric intake.

**REFERRING VET**

Dr. Elshafie

**INVOICE**

47451

**DATE**

9-16-21



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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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