



**PATIENT**

George Blackwell

**PRESENTING CLINICAL SIGNS**

Swelling of left hock noticed first by owner about a month ago. Joint effusion has gotten a little bit worse since then but not significantly. Able to use leg fine but will be hesitant to bear full weight occasionally and will have a limp every once in a while. Worse when first getting up from lying down No other concerns on physical exam Suspected tarsal OCD CT bilateral tarsus performed

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE TARSI**

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

**BREED**

Labrador Retriever

**COMPUTED TOMOGRAPHIC FINDINGS**

**Left Tarsus**

Moderate distension of the left tibiotarsal joint and deep digital flexor tendon sheath, which are communicating with each other, is seen. The periarticular margins present mild osseous remodeling with mild smooth new bone formation and multiple cystic defects. A deep defect is seen within the subchondral bone of the medial trochlea of the talus within its mid portion. The defect measures approximately 8mm in length and 4mm in depth. Deep peripheral sclerosis is seen. A large osseous dissecate is seen in situ. The dissecate measures 7 x 3.5mm.

**SEX**

M

**AGE**

8 Months

**Right Tarsus**

No evidence of articular effusion is seen. There is a small subchondral bone defect with mild peripheral sclerosis in the mid portion of the medial ridge of the trochlea of the talus. No evidence of degenerative joint disease is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Osteochondritis dissecans with in situ dissecate in the medial ridge of the trochlea talus of the left tarsus with moderate joint and tendon sheath effusion as well as early degenerative joint disease.
- Osteochondritis of the medial trochlea ridge of the right talus with no visible dissecate and no evidence of joint effusion or secondary degenerative joint disease.

**HOSPITAL NAME**

Animal Health  
Partners

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A large subchondral bone defect and dissecate compatible with osteochondritis dissecans are seen in the left tarsus. There is moderate to severe secondary articular effusion as well as degenerative joint disease. Arthroscopic or arthrotomic revision is recommended for the left tarsus.

**REFERRING VET**

Debbie Reynolds

**INVOICE**

54365

The changes of the right tarsus are by far more subtle and may not necessarily be or become clinically significant.

**DATE**

9-29-22



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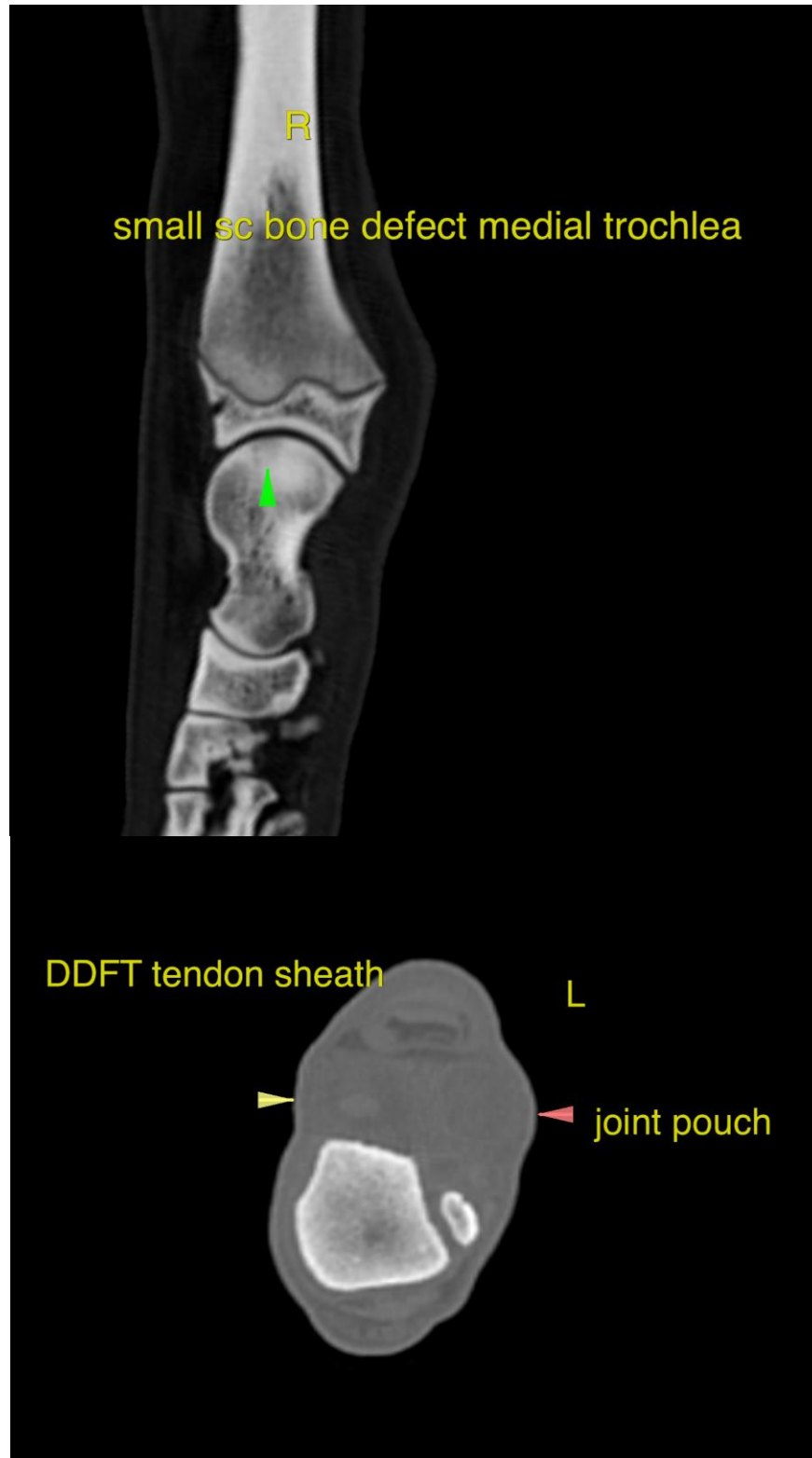
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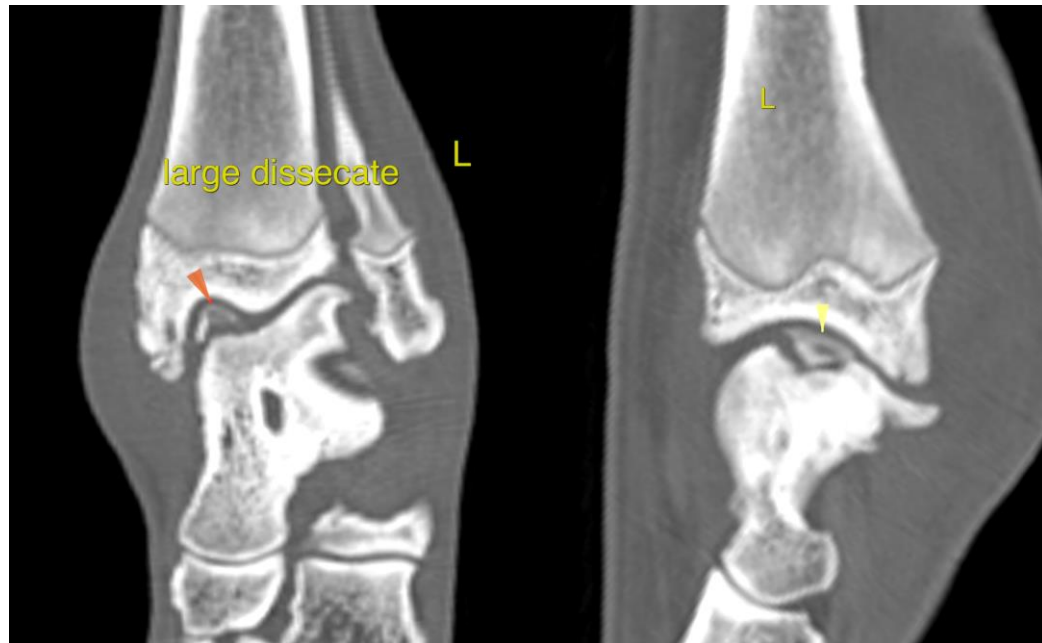
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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