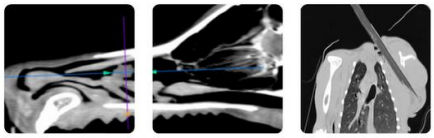


PATIENT

Freya O'Keefe

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1Y, 19D

WEIGHT

34.3kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72571

DATE

11-11-25

PRESENTING CLINICAL SIGNS

current problem - 4-5 months ago when running noticed bunny hopping, also noticed occasional limping on RF, more often over time, always relatively mild, seems a bit stiff in general after rest. ortho ex: 3-4/10 RF lameness at walk, mild hip rotation during walking with sl wide base stance pelvic limbs, spinal palp NAD, neuro ex NAD, HLs stifles and below NAD, both hips reacts to extension/abduction, LF mild reaction to pronated flexion of elbow, RF resented pronated flexion of elbow, rest of limb NAD. Dislikes examination but consistent responses above. Rest of FLs NAD. Dx: Bilateral elbow pain (R >>L), bilateral hip pain (likely hip dysplasia) Adv pelvic limb problem most likely hip dysplasia, recc rads/ct and ortolani under sedation to assess further though as not clinical problem at this stage o may elect to just monitor this for now as unlikely other diagnosis, disc hip dysplasia, disc manifestation over time, disc medical and when/if insufficient consider surgical (THR or FHNE). WRT forelimbs, elbow pain most likely indicates developmental elbow disease (medial coronoid, ocd, incongruency, etc).
Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHY OF THE FORELIMBS

Plain studies provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The distal parts of the forelimbs present a fractured 7th sesamoid bone at the metacarpo-phalangeal joints on both sides, more prominent on the right than on the left side. Relevant soft tissue swelling in the periphery is not noted. Signs of an aggressive lesion are not recognized.

Both carpal- and shoulder joints show normal findings without evidence of a bony lesion and/or subchondral changes. The periarticular soft tissues are symmetrical and unremarkable.

The right elbow presents a lesion of the medial coronoid process with an indicated fissure line and prominent alternations of the bone density. A dislocated fragment is not noted. The radio-ulnar joint space appears mildly incongruent with an indicated focal sclerosis of the subchondral trochlear surface.

On the left side there is a fragment near to the tip of the medial coronoid process noted measuring approximately 3.5 mm. The medial coronoid process is markedly deformed with a decreased density. The subchondral trochlear surface again shows focal sclerosis. Moderate radio-ulnar incongruity is noted on the left side. Both elbow joints present osteophytic reactions, especially at the medial compartment.

The displayed long bones do not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fragmented medial coronoid process left elbow with suspected kissing lesion of the trochlea
- Lesion of the medial coronoid process right elbow with an indicated kissing lesion of the trochlea
- Mild to moderate secondary osteoarthrosis noted on both sides
- Bilateral fragmented VII. metacarpo-phalangeal sesamoid bone

PATIENT

Freya O'Keefe

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1Y, 19D

WEIGHT

34.3kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72571

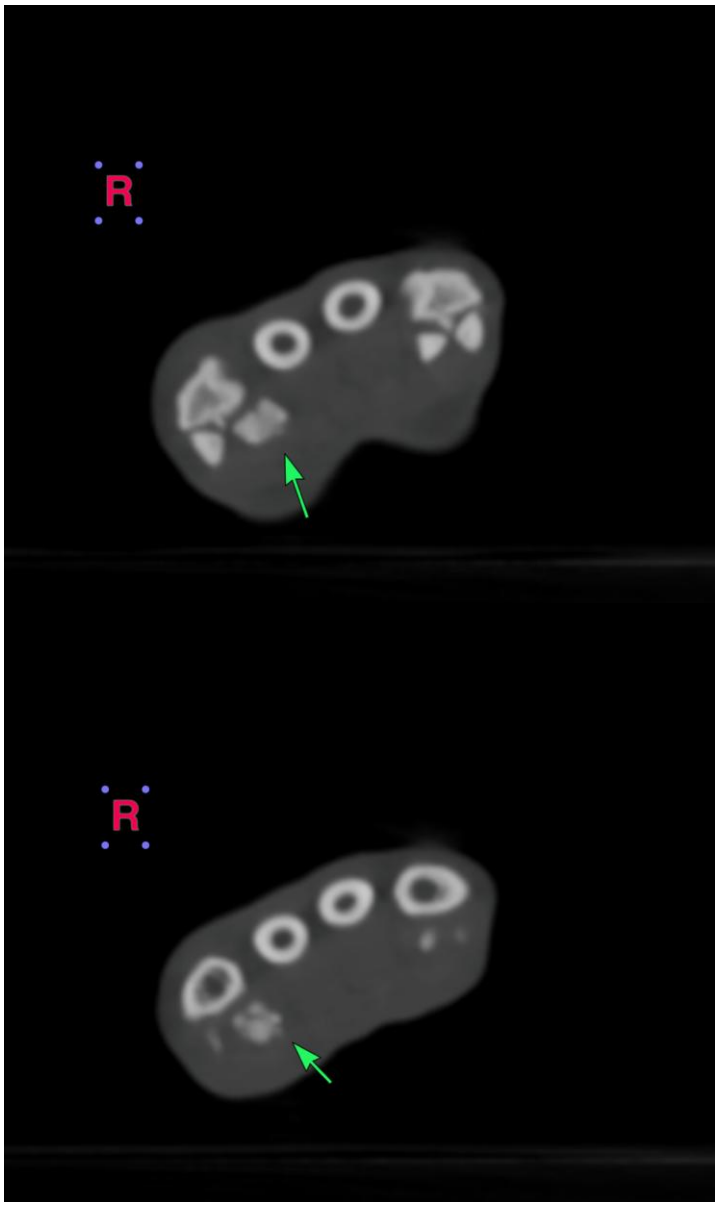
DATE

11-11-25

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the elbow joints are more prominent on the left than on the right side and do explain the reported patient's history. These findings are consistent with canine elbow dysplasia with a dislocated fragment on the left side and a fissure line on the right side. Currently, there is mild to moderate osteoarthrosis recognized on both sides. The subchondral sclerosis of the trochlea indicates additional chondropathy.

In the absence of local pain at the level of the sesamoid bones, these changes are likely incidental without clinical relevance.



PATIENT

Freya O'Keefe

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1Y, 19D

WEIGHT

34.3kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

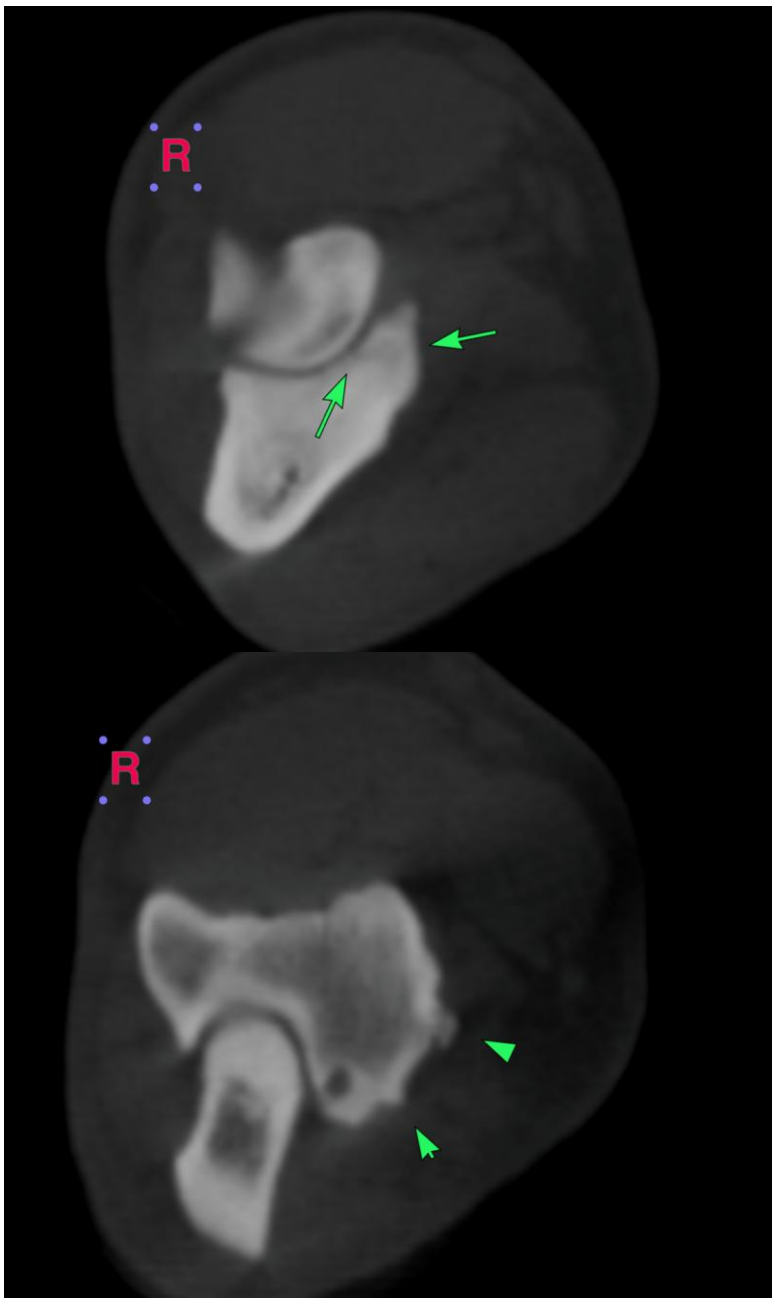
Ana Valega

INVOICE

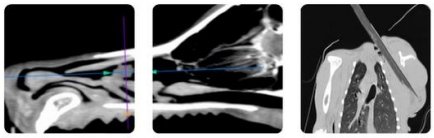
72571

DATE

11-11-25



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Freya O'Keefe

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1Y, 19D

WEIGHT

34.3kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

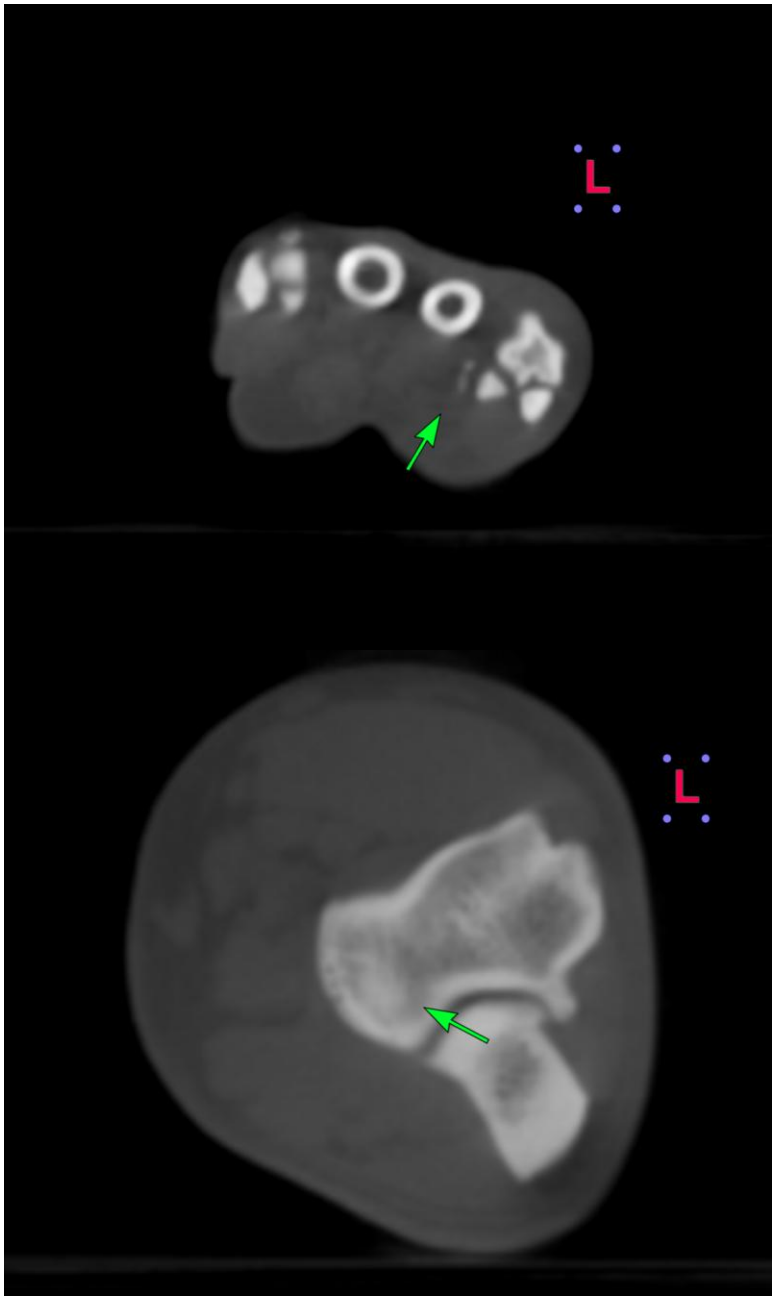
Ana Valega

INVOICE

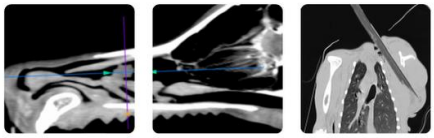
72571

DATE

11-11-25



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Freya O'Keefe

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1Y, 19D

WEIGHT

34.3kg

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

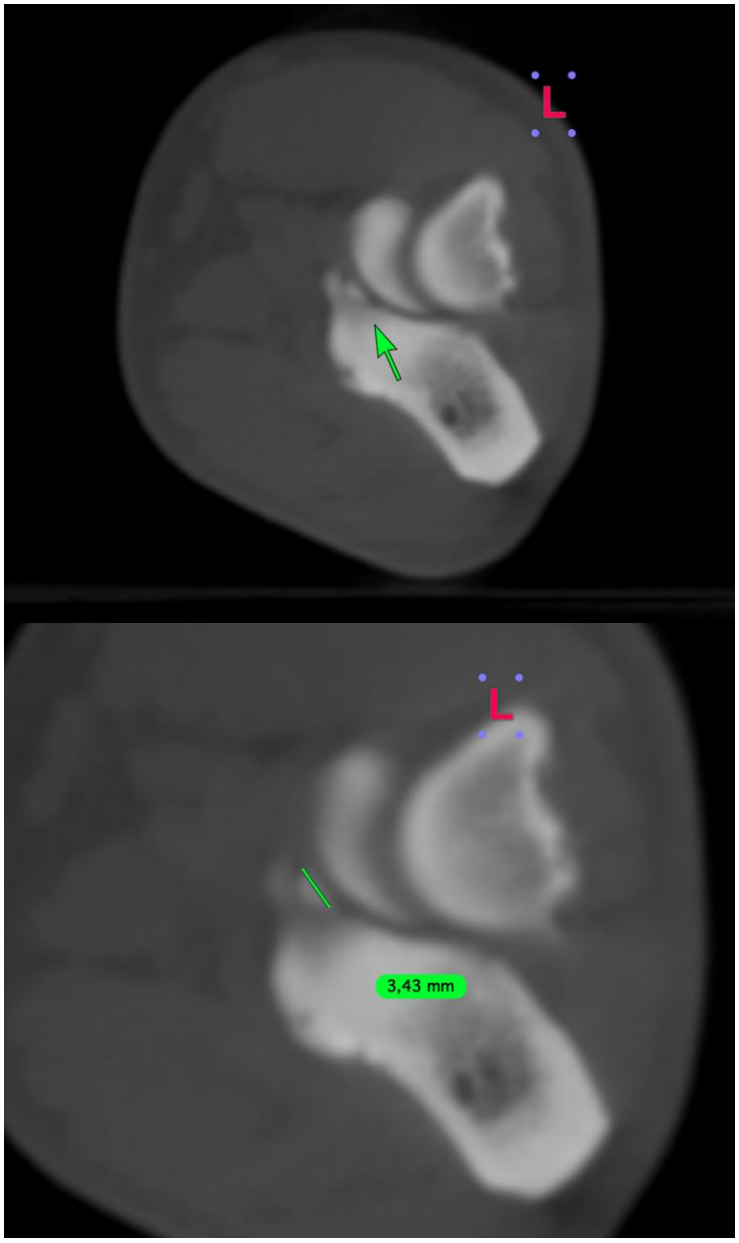
Ana Valega

INVOICE

72571

DATE

11-11-25



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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com