



PATIENT

Bailey Pulse

SPECIES

Canine

BREED

Rottweiler X

SEX

FS

AGE

3Y

WEIGHT

35.8kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Greg Springett

INVOICE

73089

DATE

12-22-25

PRESENTING CLINICAL SIGNS

Aug 2025 for limping on the left front limb for several months and a non painful lump on the left cranial carpus that owner felt was growing and appeared a week prior to the August appointment. Radiographs showed a boney proliferation at the dorsal carpus. CT prior to surgery. The limp is getting worse but only when the dog runs at a medium pace. Owner would like CT of entire limb as she feels that the lump on the carpus is not the cause of the limp.

Abnormal PE/Chem/CBC/UA Results: NAF

COMPUTED TOMOGRAPHY OF THE FORELIMBS

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The distal parts of the forelimbs are inconspicuous. Signs of a fracture, subluxation or an aggressive bone lesion are not noted.

The left carpal joint presents a dorsal elevation of the synovial and/or fascial margins dorsal to the 2nd and 3rd metacarpal and carpal bones. This lesion expands over a distance of approximately 2.6 cm in length and 0,6 cm in height. The underlying bony surfaces of the carpal bones are inconspicuous. The lesion is accompanied by mild soft tissue swelling.

The long bones of the forelimbs are inconspicuous. Both elbow joints show mild incongruity of the radio-ulnar joint space with alternations of the bone density of the medial coronoid process, which are more prominent on the right than on the left side.

The right shoulder joint shows mild degenerative findings with osteophytic new bone formations at the joint margins. On the left side marked calcifications of the supraspinatus insertion with indicated soft tissue swelling are noted. The caudal humeral head is bilaterally inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspected benign lesion dorsal left carpus
- Bilateral lesion of the medial coronoid process with joint incongruity and mild secondary osteoarthritis
- Calcifying tendinopathy left supraspinatus muscle, possible impingement biceps tendon
- Mild osteoarthritis right shoulder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings at the level of the left dorsal carpus do not show signs of an aggressive or invasive behavior. A benign lesion is likely. Possible differentials include synovial, metaplastic calcification or fibrosing/calcifying disease of the synovial/fascial planes. Atypic synovial osteochondromatosis is another differential. This could be a secondary finding to chronic joint instability or former trauma. For final assessment, biopsy and histopathology are needed. The lesion circles the second digit on the medial side outlining the synovial/fascial margins. This should be considered in case of surgery.



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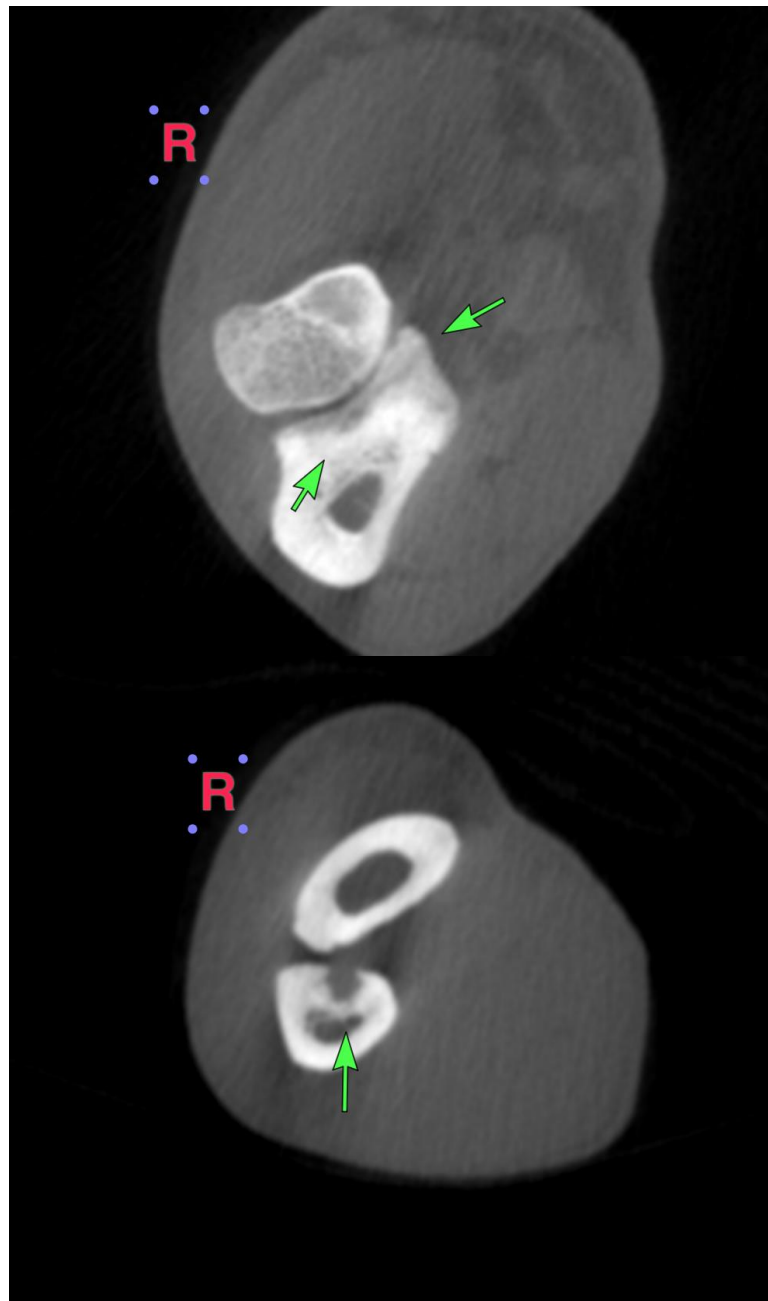
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Both elbow joints present chronic degenerative findings, which are likely due to mild elbow dysplasia. A fragmentation or fissure line are not noted.

The prominent metaplastic calcifications of the supraspinatus muscle are unilaterally and present calcifying tendinopathy. This is often an incidental finding; however, traumatic activation is possible, as well as an impingement of the biceps tendon. With that, a complementary ultrasound of the right and left shoulder could be performed next.





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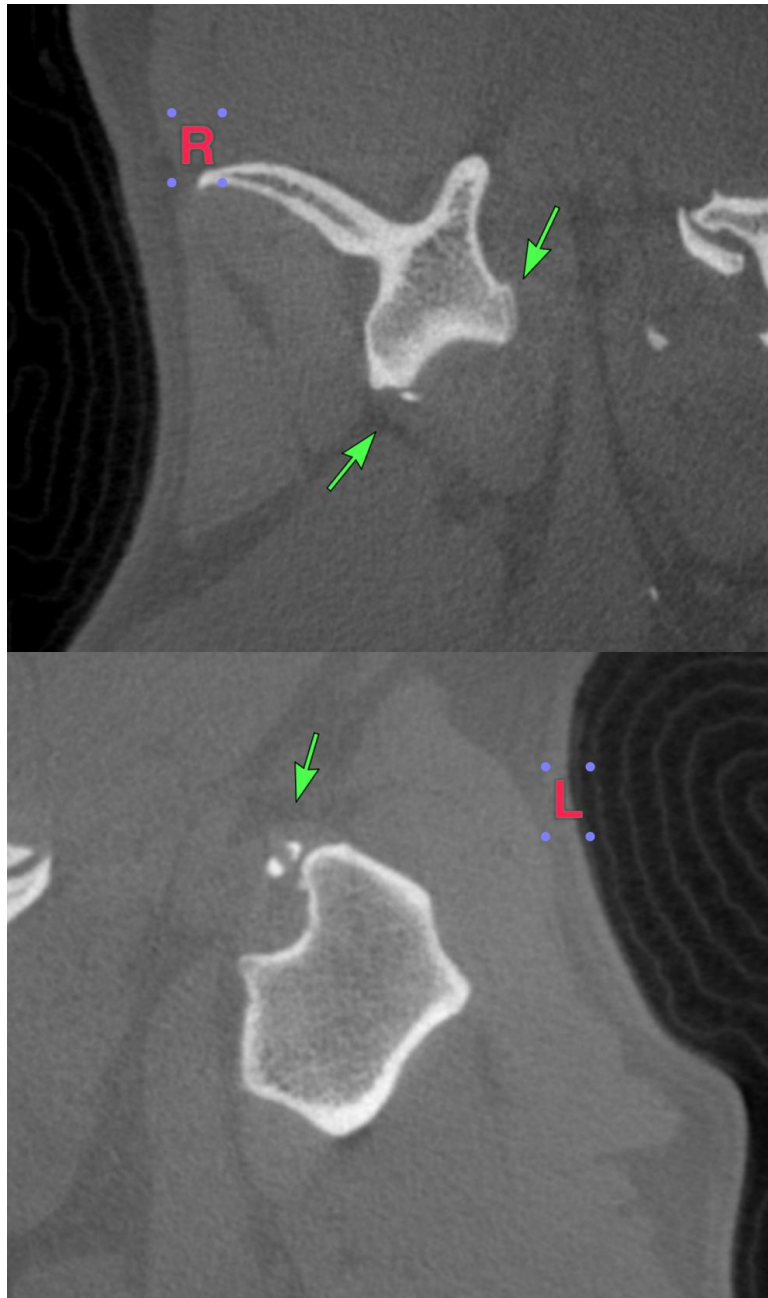
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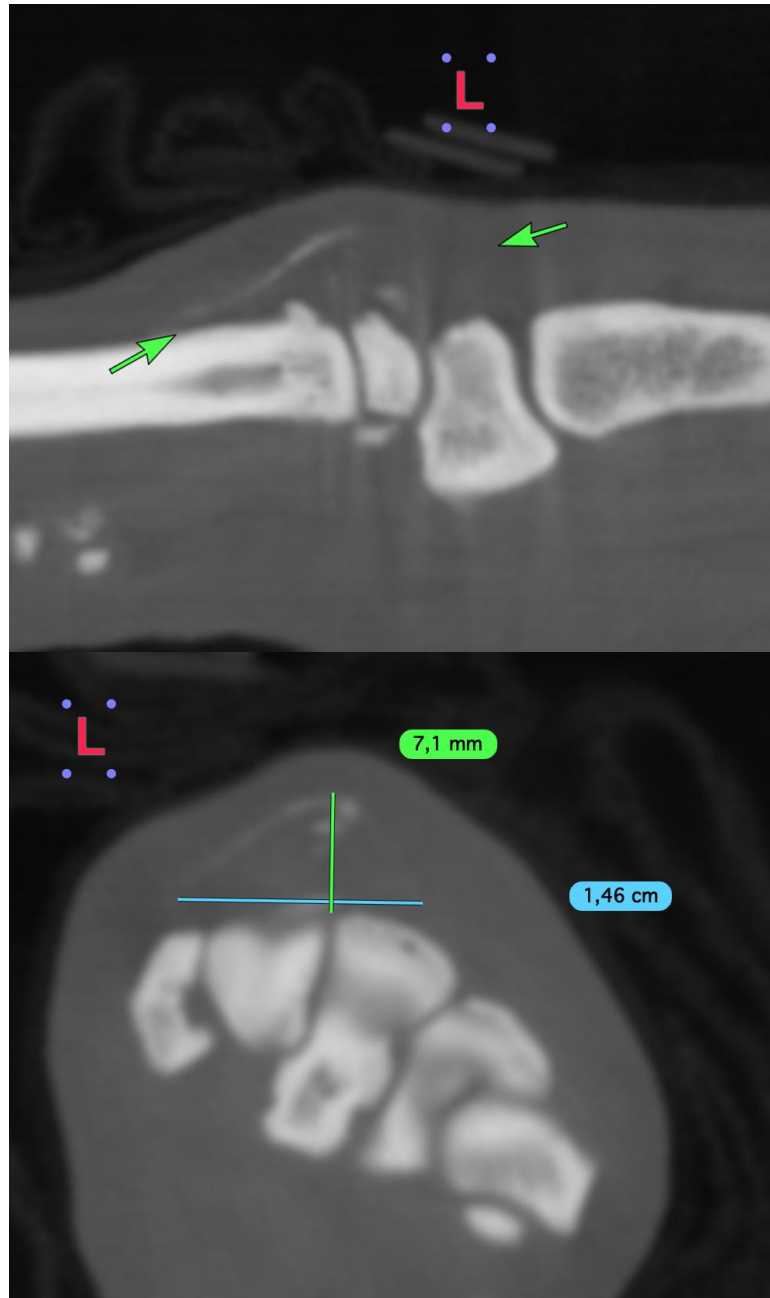
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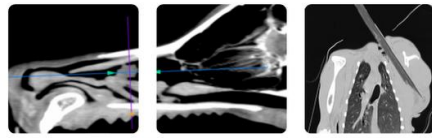
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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