



PATIENT

Bannie Morrissey

SPECIES

Canine

BREED

Great Pyrenees

SEX

FS

AGE

6

WEIGHT

45

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73088

DATE

12-22-25

PRESENTING CLINICAL SIGNS

left thoracic limb lameness (intermittent)

COMPUTED TOMOGRAPHY OF THE FORELIMBS

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The displaced spine shows a harmonic course without signs of an aggressive lesion. The intervertebral discs are evenly spaced without signs of a compressive lesion. There are mild degenerative findings with ventral spondylosis formation in the course of the thoracic spine. The ribs and sternum show mild degenerations.

The chest is inconspicuous apart from that.

The distal parts of the forelimbs present mild degenerations with osteophytic reactions at the level of the metacarpal-phalangeal joints. Both carpal joints present mild osteophytes at the level of the medial styloid process as well as mild cystic-erosive lesions of the subchondral surfaces. An aggressive lesion, fracture or subluxation are not noted.

The long bones of the forearm present initial synostosis between radius and ulna on both sides. The elbow joints bilaterally show a lesion of the medial coronoid process with a fragment at the tip of the process on the right side and significant radio-ulnar incongruity as well as osteophytic new bone formations predominantly on the medial side of the joint at the level of the medial epicondyle.

The humerus is inconspicuous on both sides. The left shoulder joint presents marked metaplastic calcifications at the insertion side of the supraspinatus muscle and soft tissue swelling that expands medially and reaches the region of the biceps tendon. The findings are similar on the right side but less obvious. Unilateral atrophy of the shoulder musculature is not noted.

The brachial plexus is bilaterally symmetrical and inconspicuous.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Calcifying tendinopathy left supraspinatus, possible impingement biceps tendon
- Bilateral lesion of the medial coronoid process with alternations of bone density, fragmentation on the right and marked radio-ulnar incongruity with moderate secondary osteoarthritis
- Suspected enthesopathy flexor muscles medial epicondyle
- Osteophytes medial styloid process
- Chronic-degenerative findings metacarpal-phalangeal, carpal joints and displayed spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings must be correlated with the clinical presentation. Changes are bilaterally present, except for the left shoulder, which shows a more prominent calcification of the supraspinatus insertion. For



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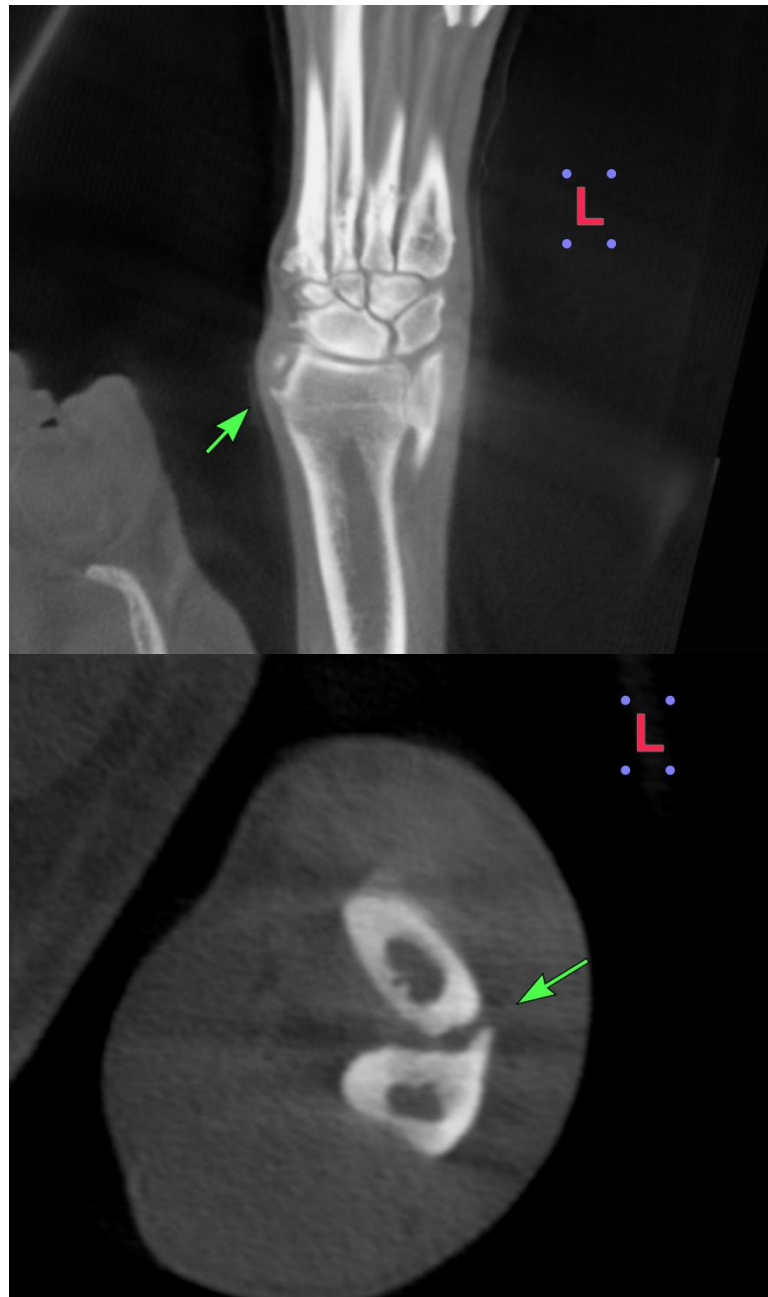
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further differentiation, a complementary ultrasound of the left and right shoulder could be performed next to exclude relevant lesions/adhesions and impingement of the biceps tendon.

In addition to that, bilateral tendinopathy of the abductor pollicis longus tendon is possible.

The lesions of the medial coronoid process, again, are bilateral findings and more prominent on the right. Their clinical relevance at this age is questionable. Inflammatory changes at the insertion of the flexor muscles at the medial epicondyle are further differentials.





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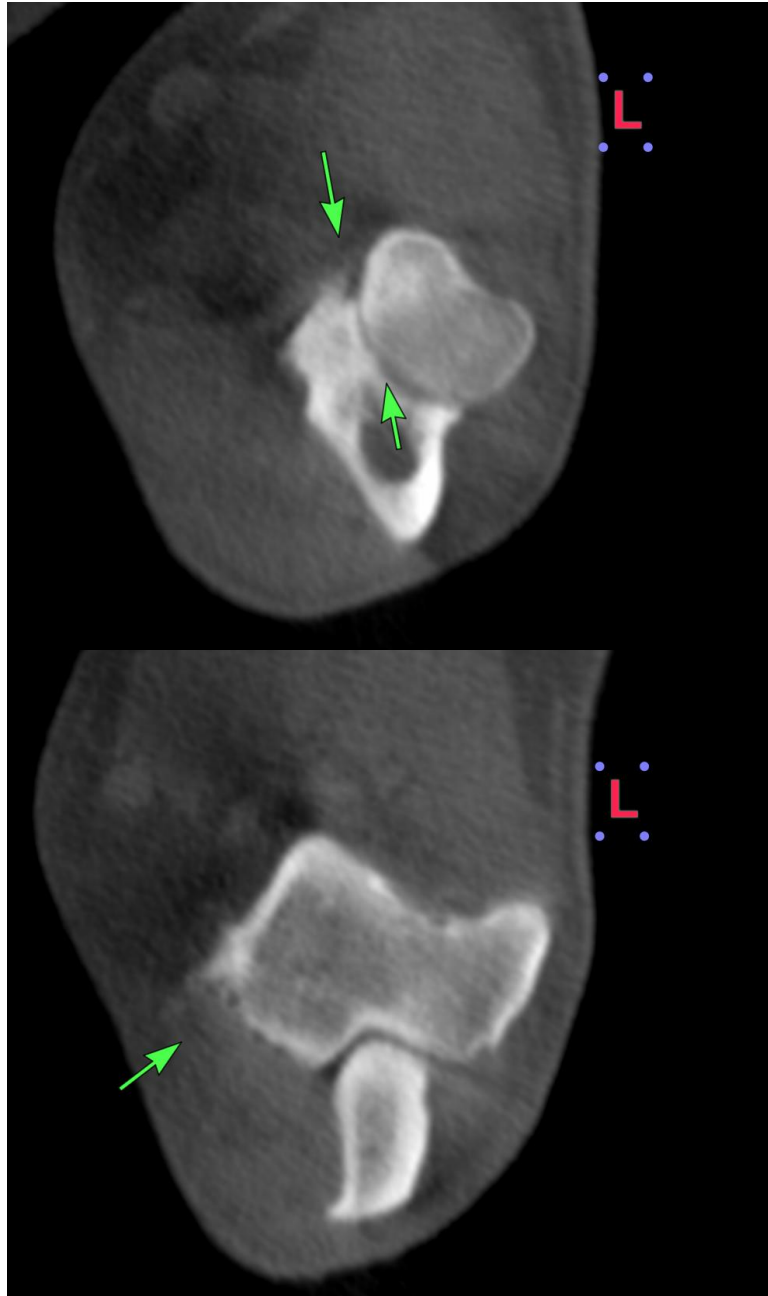
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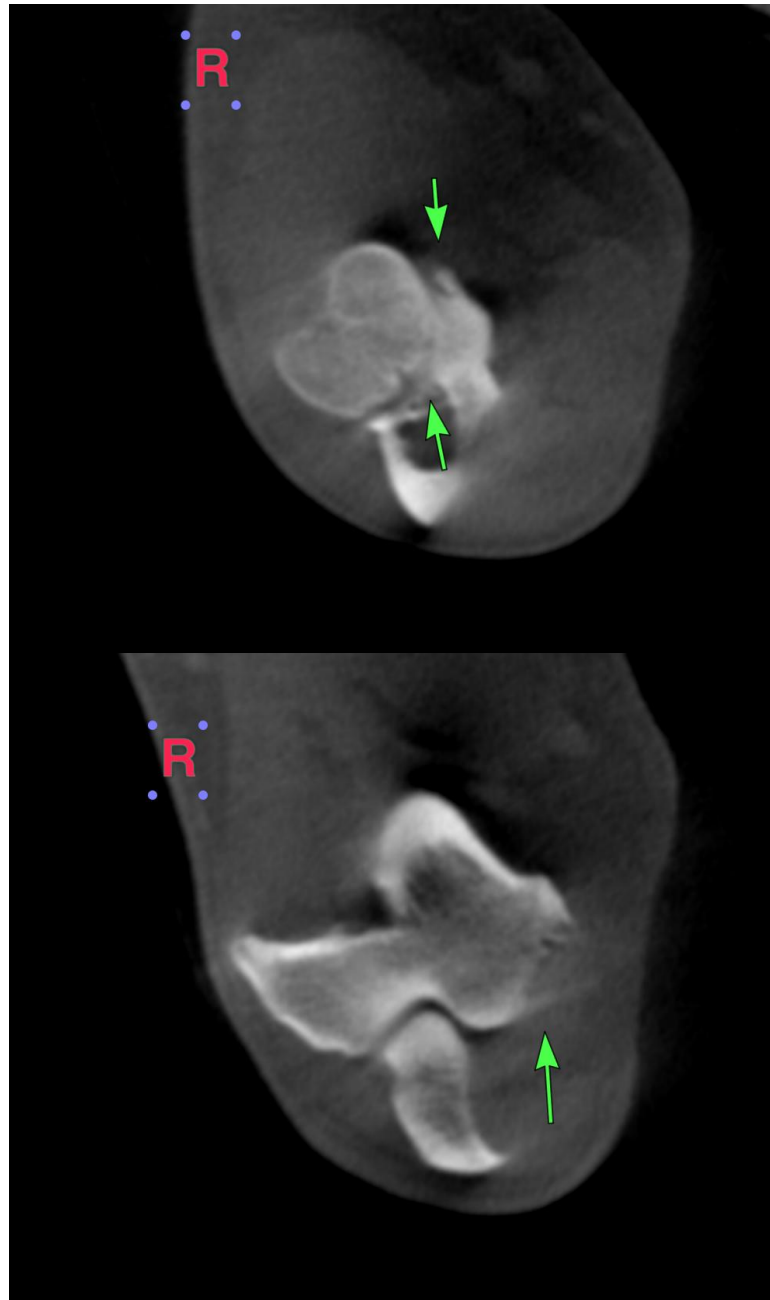
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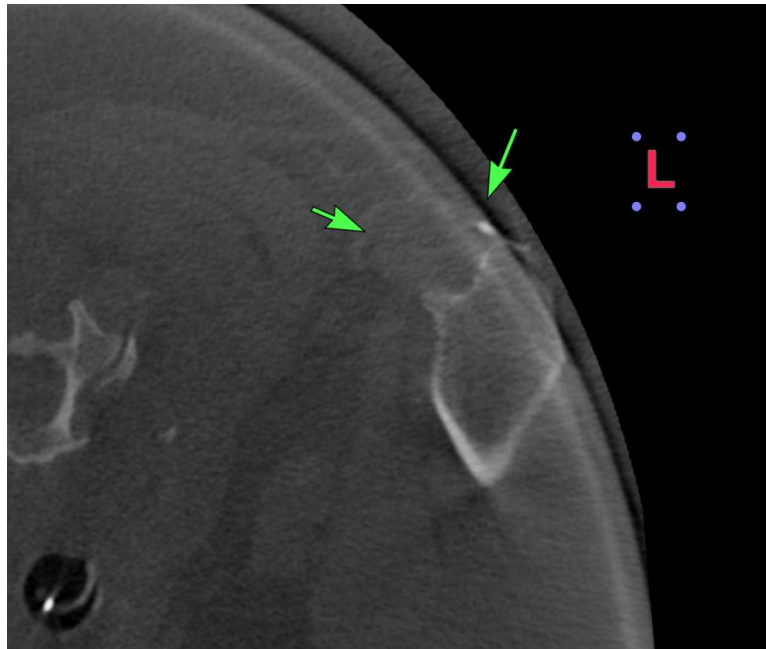
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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