



PATIENT

Harley Kuntz

SPECIES

Canine

BREED

Old English Bulldog

SEX

FS

AGE

4 Years

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

52627

DATE

6-29-22

PRESENTING CLINICAL SIGNS

starting mid May 2022: neurologic signs including weak on rear-end/hind legs, favoring one or both hind legs, dragging one or both hind feet, not eating, lethargic, vomited and had some diarrhea. O had just returned with her from a 2 day car trip and had been in Arizona where neighboring dogs were diagnosed with Valley Fever. At primary vet at that time, was tested for Coccidioides Antibody (came back negative), had CBC & full chemistry which were essentially normal. ON radiographs at that time: Abd rads: Gastric axis is shifted cranially on the lateral view and liver appears small, mildly thickening of the intestinal tract, spondylosis deformans from L7-S1 with decreased intervertebral disc space ventrally. Patient has improved with some good days and some bad days-mostly after having increased activity. Normal bloodwork on June 28, 2022. Abnormal PE/Chem/CBC/UA Results: June 28, 2022: She was tender on palpation of C3-7, T10-11, L3-4, extension of left hip. Both elbows were sore medially and around coronoid. Not tender or weak with palpation of LS

COMPUTED TOMOGRAPHIC FINDINGS

Elbow joints:

Both elbows show a severe incongruity of the radioulnar joint space. Moderate formation of osteophytes at all parts of the joint is recognized. The medial coronoid process is irregular in shape and presents multiple fragments at its tip with prominent alternations of bone density. The subchondral bone especially of the trochlea appears inconspicuous. The periarticular soft tissues are unremarkable.

Spine:

Presented bony structures of the spine are unremarkable with an inconspicuous thoracolumbar- and lumbosacral transition. Vertebral bodies are of regular density without signs of a lytic process presenting ventral spondylosis at multiple locations. There is no evidence of a fracture and/or sub-/luxation.

The intervertebral disc spaces are of even diameter. There are multiple calcified nuclei recognized with subtle to mild disc protrusions (s. for example C2/3, C7/Th1, Th12/13, L3/4).

The CT myelogram shows no relevant compressive lesion of the spinal cord and/or the cauda fibers.

Paravertebral soft tissues are bilaterally symmetrical.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe, bilateral osteoarthritis elbow joints due to fragmented medial coronoid process
- Multiple, subtle to mild disc protrusions (s. above) without signs of a spinal cord/equine cauda compression
- Moderate degenerative changes of the spine with multiple calcified nuclei and ventral



PATIENT spondylosis deformans

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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CT findings of the elbow joints are consistent with canine elbow dysplasia and secondary, severe osteoarthritis. These findings need to be correlated with the clinical presentation. Mild arthrosis of both shoulder joints is indicated as far as can be assessed.

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There is no obvious spinal cord compression detected, although multiple protrusions are noted. The calcified protrusion at the level of C7/Th1 for example could have a dynamic component and be temporary compressive. However, it is difficult to determine which of the protrusions might be more clinically relevant. Grade of compression as seen with CT is not compellingly the most relevant clinical finding. Regarding the multiple findings (elbows, shoulders, spine), I would favor a conservative approach.

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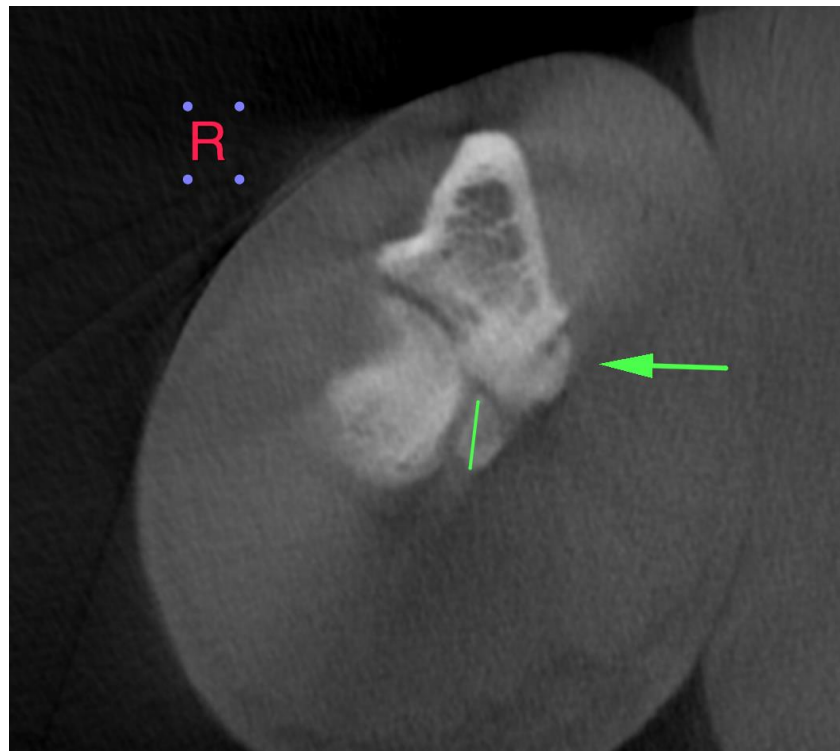
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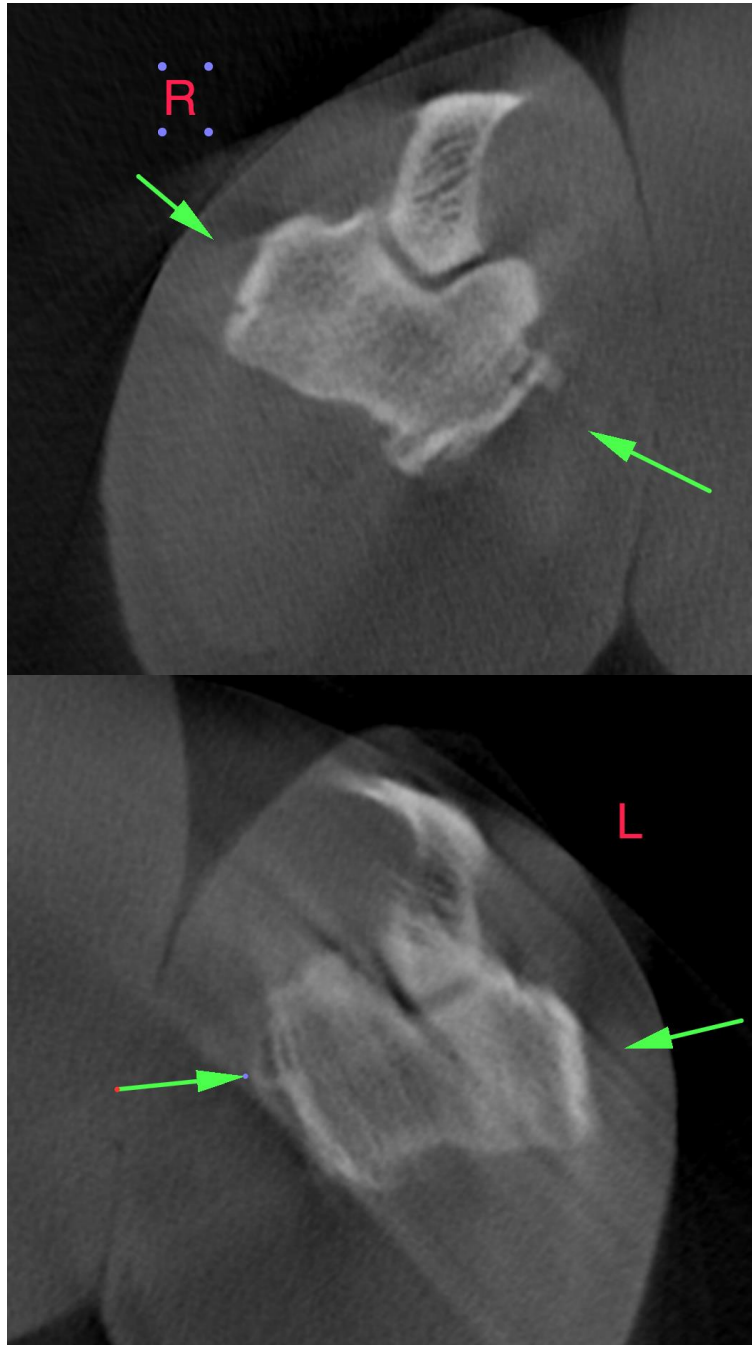
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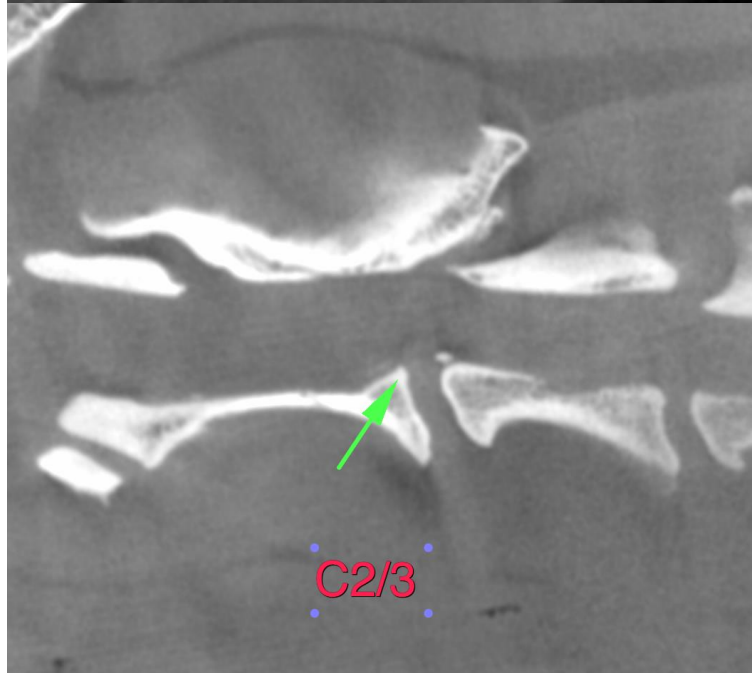
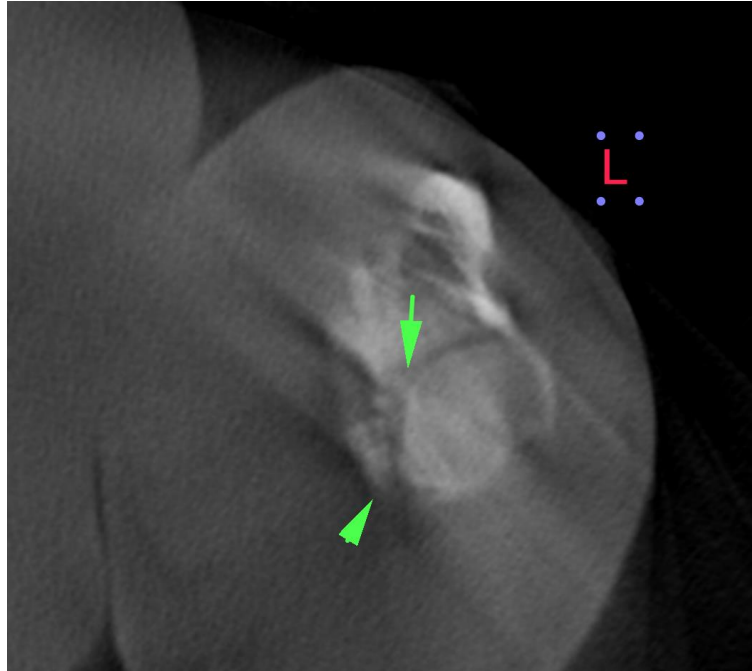
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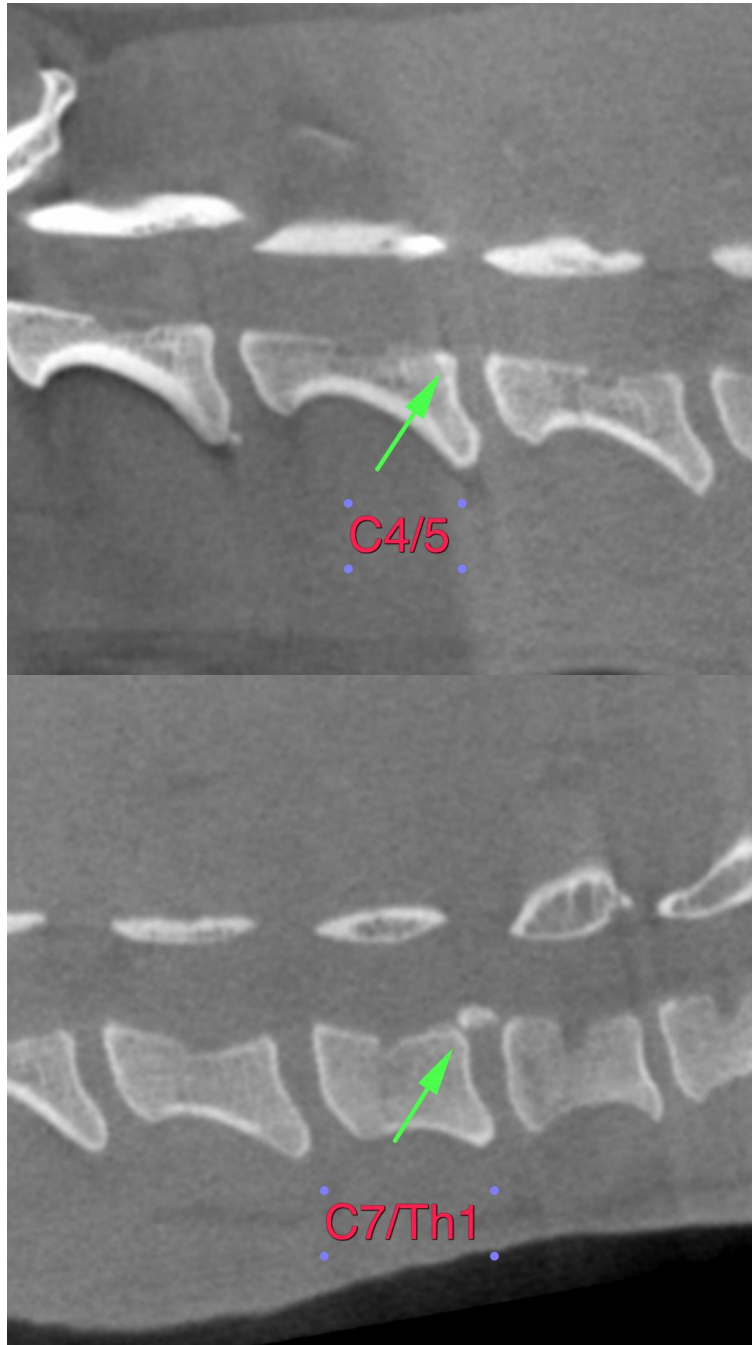
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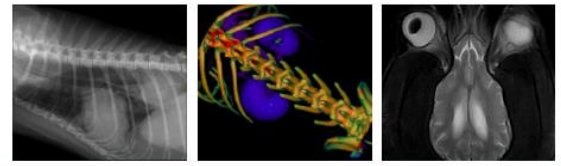
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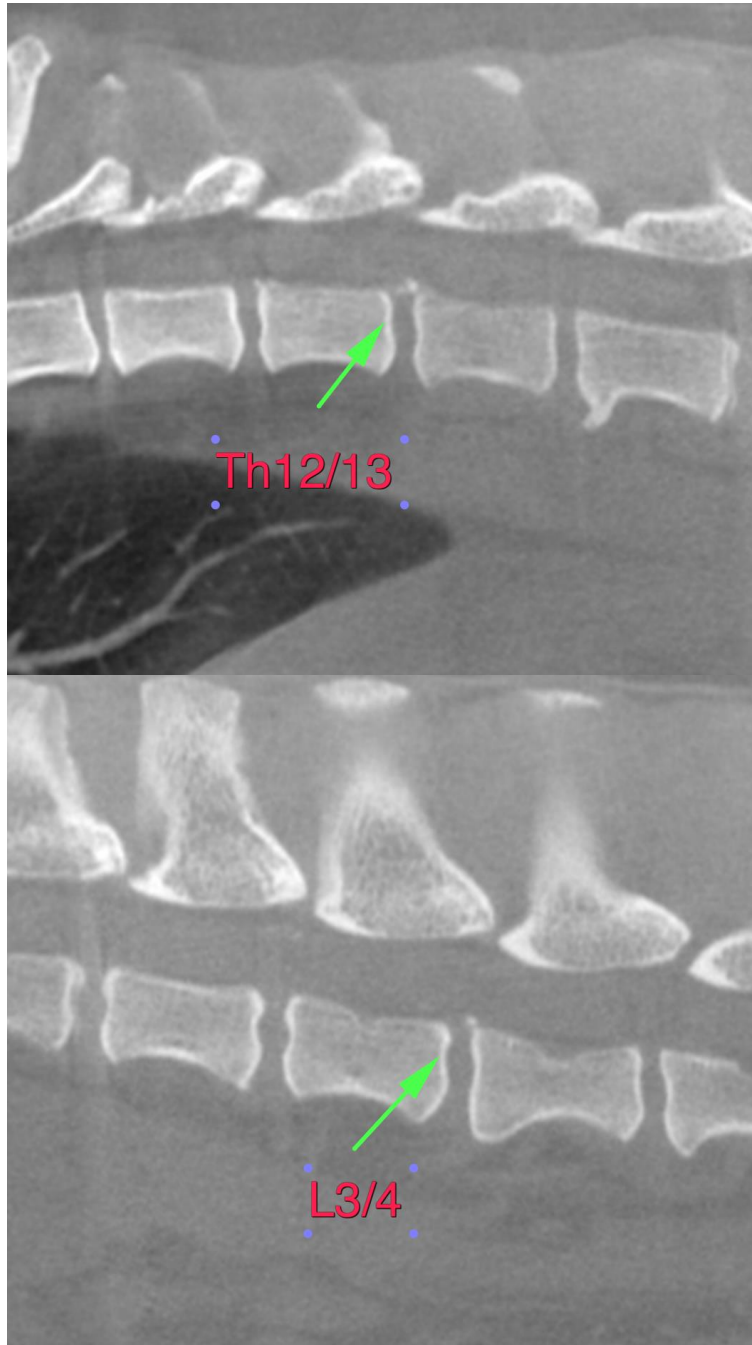
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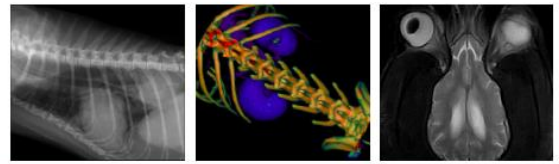
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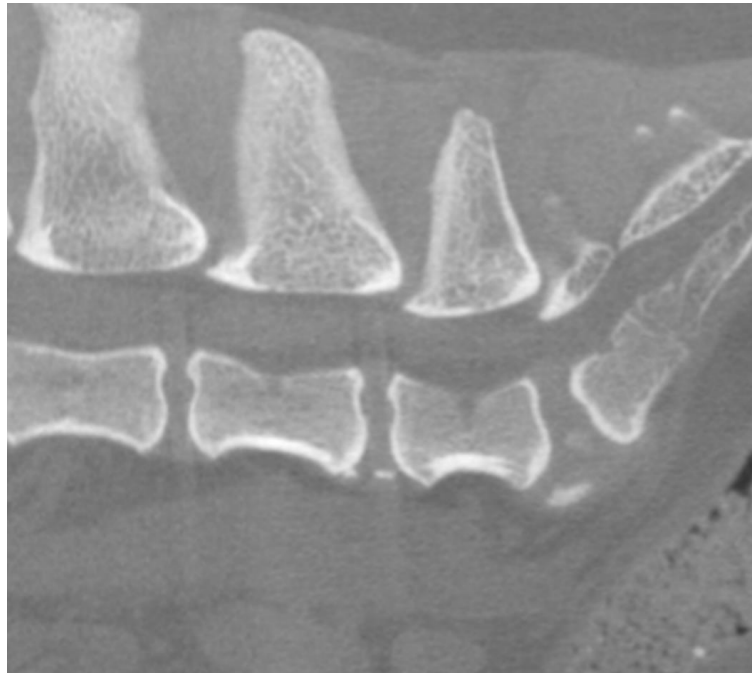
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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