



PATIENT

Moki Bell

PRESENTING CLINICAL SIGNS

For about 8 weeks Moki has been painful in her right shoulder. Past few days she has been limping and crying out in pain. Saw rDVM on 7/9 for the shoulder pain.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Eyes: bright and clear Ears: clean with no inflammation
Nose and throat: no abnormality Heart: No noted arrhythmia or pulse deficits, normal subjective peripheral circulation Lungs: normal respiratory sounds, rate and effort Abdomen: soft and non-painful with no noted abnormalities Musculoskeletal: Abnormal: There is mild to moderate elbow thickening bilaterally. No carpal or foot abnormality are noted. The shoulders show mild resistance to flexion and extension bilaterally, no noted medial instability. No pain on shoulder drawer tests or direction biceps palpation. Integument: Clean and smooth hair coat, small 1 cm mass on lumbar dorsum consistent with a cyst. Lymph Nodes: Normal size and firmness
Neurological: No mentation, cranial nerve, or neurologic gait abnormalities seen

BREED

Mastiff

SEX

Female

COMPUTED TOMOGRAPHIC FINDINGS

Cervical spine/brachial plexus:

AGE

6 Years

There is a mild to moderate calcified disc protrusion noted at the level of C6/7. The spinal cord gets dorsally elevated, mild compression is assumed. Another but mild and broad-based protrusion is recognized at the level of C5/6 without compelling signs of a compression. The cervical spine shows a harmonic course, signs of a lytic or sclerotic process are missing. Structures of the brachial plexus are bilaterally symmetrical and inconspicuous.

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet
Specialist in
Diagnostic Imaging

Mild increase of the cranial mediastinal opacity is noted with a mild granular like texture.

Shoulder joints:

HOSPITAL NAME

Mountain West
Veterinary Hospital

Both shoulder joints present subtle degenerative changes. The caudal humeral head appears regular. Relevant osteoarthritis is not detected. The insertions of the infra- and supraspinatus muscles present normal findings. The course of the biceps tendon is inconspicuous. There is no overt evidence of joint effusion. Periarticular soft tissues show no particular findings as far as can be assessed.

REFERRING VET

Andrew Burton

Elbow joints:

As far as displayed both elbow joints present a lesion of the coronoid process with a fragmentation of the left medial coronoid process and at least a fissure line on the right. Moderate osteoarthritis is suspected on both sides.

INVOICE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate disc protrusion C6/7
- Mild disc protrusion C5/6
- Bilateral lesion of the medial coronoid process with alternations of bone density, a suspected fragmentation/radioulnar fissure line and moderate secondary arthrosis
- Mild reactive-inflammatory cranial mediastinum (secondary to osteoarthritis?)

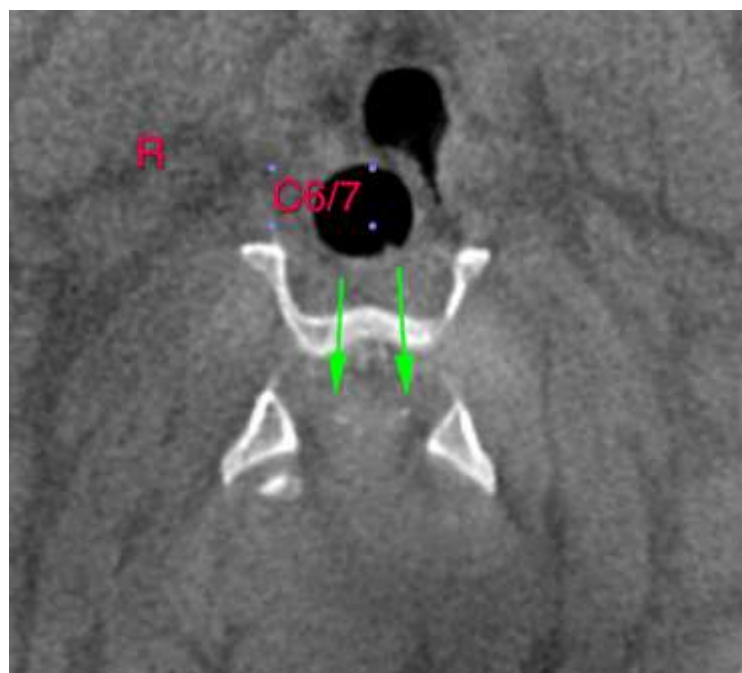
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings of the cervical spine most likely match with the clinical presentation, especially the calcified and moderate disc protrusion at C6/7. Mild compression of the spinal cord is assumed, relevant and temporary compression may be present with dynamic conditions. If there is a clinical indication for decompressive surgery I would recommend a complementary CT-myelogram or MRI of the cervical spine.

Both shoulders show age- and breed-appropriate findings.

The lesion of the coronoid process is more prominent on the left side. However, secondary osteoarthritis is bilaterally present, and this is commonly responsive to pain treatment.

The increased opacity of the cranial mediastinum is an incidental finding and most likely represents a mild inflammatory or reactive process.





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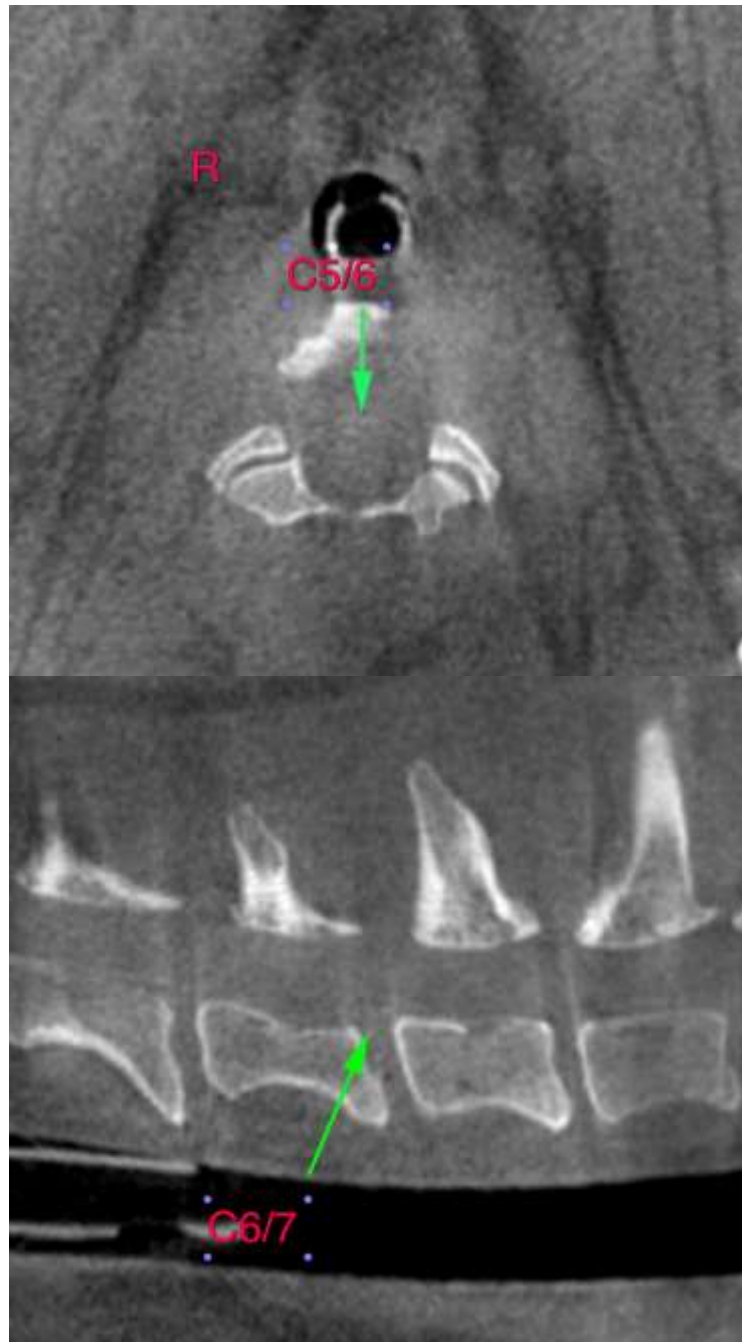
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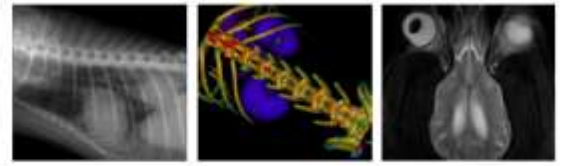
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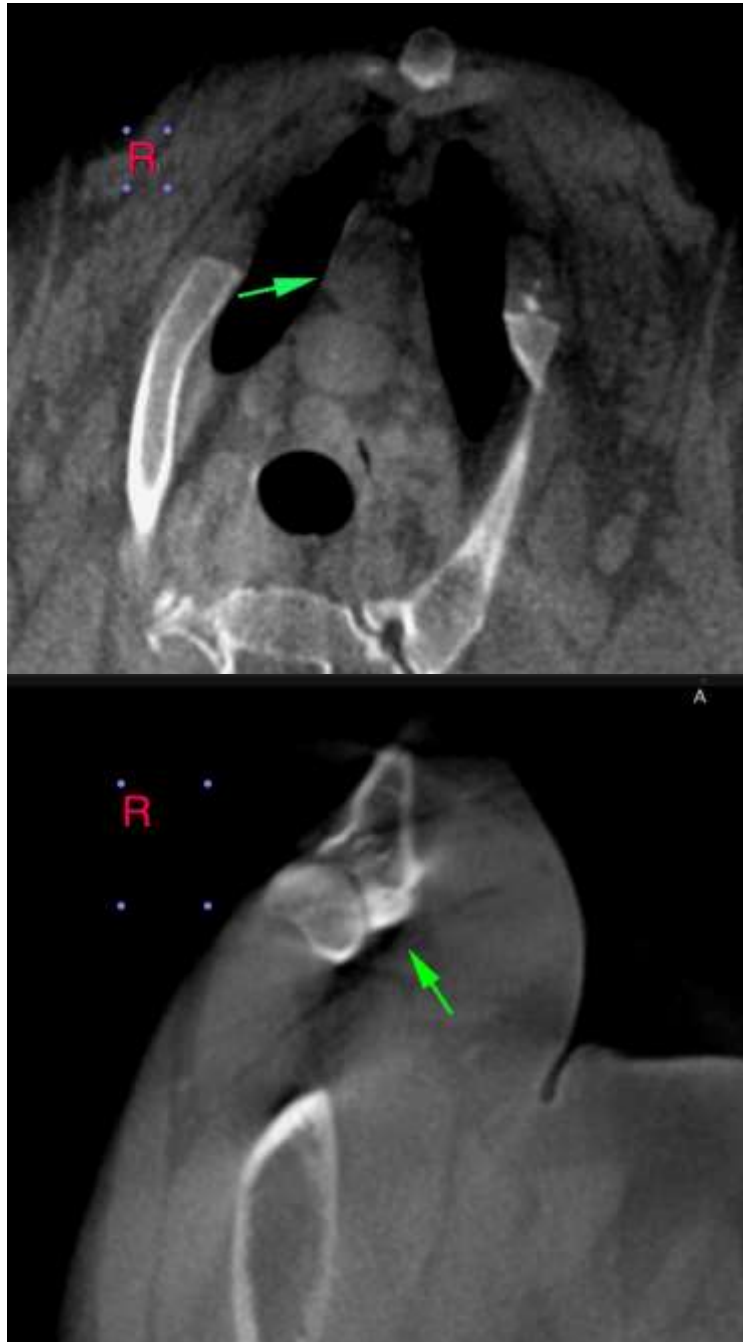
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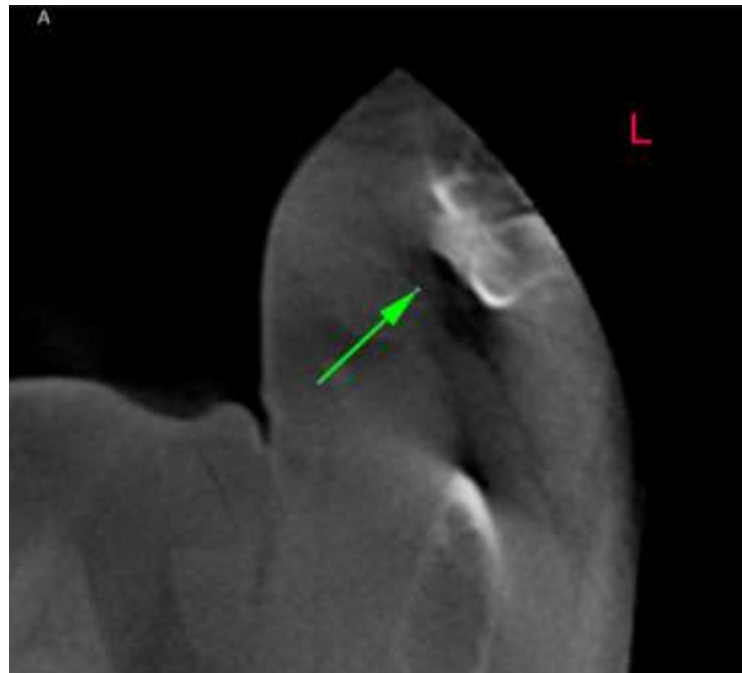
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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