



PATIENT

Sprout Bradshaw

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Neutered Male

AGE

7 Years

WEIGHT

49 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Erika Ruiz

HOSPITAL NAME

Animal Medical Center
of Corona

REFERRING VET

Dr. Bart Huber

INVOICE

13089

DATE

01/10/26

PRESENTING CLINICAL SIGNS

Progressive front left lameness over the last 12 months, more so over the last 6 months. Painful with cranial extension of the left shoulder and mild pain left neck flexion, no pain with caudal flexion. Left elbow and carpus full ROM, Right front - normal ROM all joints. Neck right, dorsal and ventral flexion normal, no pain. No pain with digital pressure left bicipital bursa area.

Abnormal PE/Chem/CBC/UA Results: Normal labs

COMPUTED TOMOGRAPHIC STUDY OF THE NECK & SHOULDER JOINTS

A high-resolution plain CT study of the neck and shoulder joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The right thyroid gland presents an intraparenchymal, mild hypoattenuating nodule, measuring 5 mm in diameter, protruding beyond the surface of the thyroid gland.

The remainder of the osseous and soft tissue structures of the neck are within normal limits.

The osseous surface at the lateral aspect of the major tubercle of the right humerus – level with the insertion of the infraspinatus tendon – is mildly irregular and presents localized mild exostosis formation. At the caudodistal aspect of the spine of the right scapula mild exostosis formation is seen. At the distal aspect of the supraglenoid tubercle, an isolated osseous body is seen; measuring <2 mm in diameter.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Insertional desmopathy right infraspinatus tendon with osseous remodeling in the region of the infraspinatus tendon
- Metaplasia insertion of right bicipital tendon at the supraglenoid tubercle
- Normal left shoulder joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities that do explain the left front limb lameness. I do not see signs of compressive myelopathy, overt pathology of the brachial plexus nor pathology of the left shoulder joint. Complementing workup by a post IV contrast study may be beneficial. Evaluation of the bicipital tendon and rotator cuff via ultrasound can be considered as well.

The intraparenchymal nodular lesion in the right thyroid gland can present parathyroid enlargement, such as (non)functional parathyroid adenoma, nodular hyperplasia of the thyroid gland or thyroid cyst. Check blood Calcium levels \pm PTH value.



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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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com