



PATIENT PRESENTING CLINICAL SIGNS

Moose Ocken Patient presented for non-weight bearing lameness on the left front. Noted firm swelling over the elbow joint. New patient. No other significant medical history reported but records not available. Abnormal PE/Chem/CBC/UA Results: Non-weight bearing lameness on left front, weight loss reported by owners. Started on carprofen and gabapentin. Only mild improvement noted by owners with medications.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ELBOW

BREED

A complete set of radiographs of the elbow joints is provided for review.

Lab

RADIOGRAPHIC FINDINGS

SEX

The left elbow joint presents with a moderate to marked circumferential soft tissue swelling. The periarticular bones of the left elbow joint presents mild osteophyte new bone formation. At the medial and lateral humeral epicondyle, immature appearing periosteal new bone formation is present. A generalized moderate swelling is seen along the left antebrachium.

MN

The periarticular bones of the right elbow joint present mild osteophyte new bone formation.

AGE

Moderate thickening of the cutaneous thickening is seen at the caudolateral aspect of the olecranon bilaterally.

9 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Articular swelling left elbow joint
- Monostotic semi-aggressive periosteal new bone formation left distal humerus
- Generalized soft tissue swelling left antebrachium
- Mild degenerative osteoarthritis elbow joints bilaterally
- Cutaneous callus formation caudolateral aspect elbow joints bilaterally

HOSPITAL NAME

Gentle Doctor Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The significant articular swelling of the left elbow joint can be caused by joint effusion – rule out septic versus immune mediated arthritis with secondary swelling of the left antebrachium or phlegmon/subfascial abscess formation along the antebrachium or region of the left elbow joint – or intracapsular neoplasia. I do not see evidence of aggressive osteolytic lesions but active appearing periosteal new bone formation at the humeral condyles. Ultrasound would be ideal to rule out periarticular fluid accumulation followed by synovial tap with sampling for cytology and microbial culture. If there is strong suspicion for neoplastic transformation, follow up radiographs can be considered as well to screen for progressive osseous changes, as the assessed radiographic study is dated 1/4/22.

REFERRING VET

Taylor Morrison

INVOICE

49609

DATE

1-17-22



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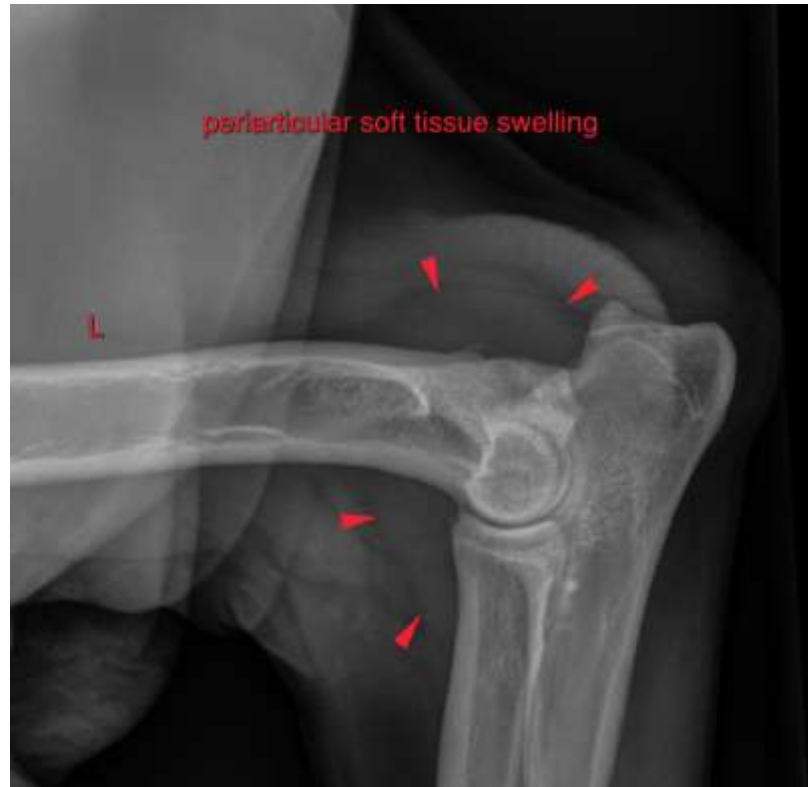
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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