



PATIENT

Charly Haddad

SPECIES

Canine

BREED

Labrador

SEX

MN

AGE

5

WEIGHT

40.9

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

73399

DATE

1-20-26

PRESENTING CLINICAL SIGNS

History:

- left front limb lameness, intermittent r/o elbow OCD vs FCE vs shoulder OCD vs biceps tendonitis vs fracture vs others

COMPUTED TOMOGRAPHY OF THE SHOULDER AND ELBOW JOINTS

A high resolution pre- and post-contrast CT study of the shoulder and elbow joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulder joints present smooth margins of the periarticular bones and the surrounding soft tissue structures are within normal limits.

Along the proximal aspect of the anconeal process of the right elbow joint mild osteophyte new bone formation is seen. The cranial tip of the medial coronoid process of the right elbow joint is irregular and has a heterogeneous density.

The periarticular bones of the left elbow joint present smooth margins. The tip of the medial coronoid process of the left elbow joint has a beak shaped conformation.

The surrounding soft tissue structures of both elbow joints reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Coronoid disease right elbow joint
- Mild osteoarthritis right elbow joint
- Beak shaped conformation tip medial coronoid process left elbow joint
- Normal shoulder joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right elbow joint presents evidence of elbow dysplasia and would be a source for right front limb lameness. The beak shaped conformation of the medial coronoid process of the left elbow joint can still present a normal anatomical variant. If pain can be elicited by pressure on the medial compartment of the left elbow joint, that would support the diagnosis of left sided elbow dysplasia. Arthroscopy/arthrotomy would be ideal to revise the right elbow joint ± left elbow joint and remove the osseous fragment/nonvital tip of the medial coronoid process to avoid further damage.



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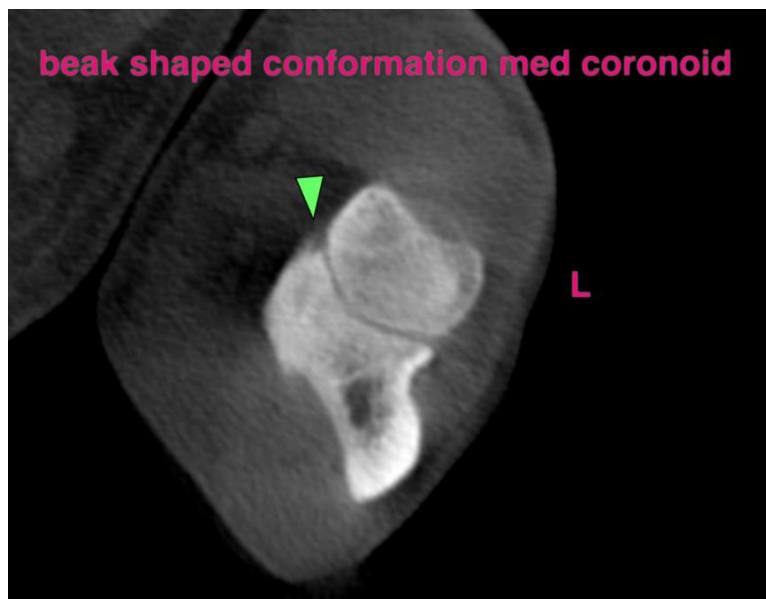
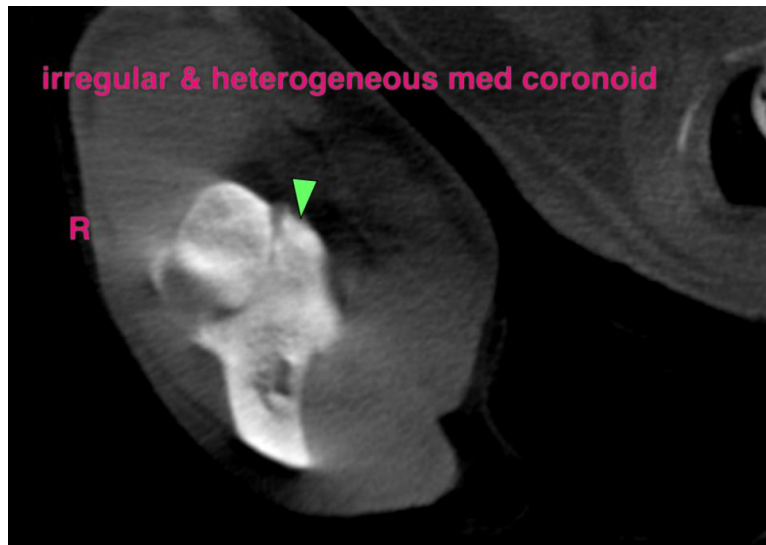
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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