



PATIENT

Yoshi Delilo

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

M

AGE

8M

WEIGHT

50lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Amanda Hartman,
DVM

HOSPITAL NAME

Advanced Veterinary
Imaging & Diagnostics
(White Hall AC)

REFERRING VET

Amanda Hartman,
DVM

INVOICE

73440

DATE

1-22-26

PRESENTING CLINICAL SIGNS

History:

- Yoshi is an 8-month-old intact male Australian Cattle Dog, intended for use as a working sheep-herding dog, presenting for evaluation of a ~3-month history of left forelimb lameness. An abnormal gait has been noted since early age. Lameness has persisted despite exercise restriction. No acute traumatic event was reported. Activity is currently restricted due to concern for orthopedic disease.

Abnormal PE/Chem/CBC/UA Results: Patient BAR; cooperative and well behaved. Body condition 5/9. Gait eval reveals a grade 3/6 weight-bearing left forelimb lameness with off-loading during stance and sitting. External rotation of both thoracic limbs. Gait analysis shows pain-associated loading of the left forelimb (score 73) with compensatory increased loading of the right forelimb (score 118). Orthopedic exam elicits pain with hyperextension of the left elbow; mild reactivity noted in the right elbow. Decreased carpal flexion bilaterally. Shoulder ROM within normal limits; no spinal pain. Mild left thoracic limb muscle atrophy (L 17.5 cm, R 18.0 cm) consistent with chronic disuse. Neuro exam normal. Prior sedated radiographs of shoulders, elbows, and carpi show no fractures, luxations, or aggressive osseous lesions

COMPUTED TOMOGRAPHY OF THE CERVICAL & THORACIC SPINE AND ELBOW JOINTS

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

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and soft tissue structures of the cervical spine are within normal limits.

The right costovertebral joint of T11 to T13 and left costovertebral joint T11 and T13 presents irregular margins of the subchondral bone – partially with a small intracapsular vacuum phenomenon.

The volume of the musculature of the left front limb is moderately decreased.

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

The region of the brachial plexus bilaterally is within normal limits.

The right elbow joint presents smooth margins of the periarticular bones. The medial coronoid process of the right elbow joint is well-defined and has a homogeneous density. The surrounding soft tissue structures of the right elbow joint reveals no abnormalities.

The periarticular bones of the left elbow joint present very mild osteophyte new bone formation. The cranial tip of the medial coronoid process of the left elbow joint is separated from the base – forming a well-defined osseous fragment, measuring 4.4 x 3.4 x 7.6 mm. The base of the medial coronoid process of the left elbow joint has a heterogeneous sclerosis. The joint space of the left elbow joint is mildly incongruent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fragmented medial coronoid process (FCP) left elbow joint
- Mild incongruity left elbow joint
- Very mild degenerative joint disease left elbow joint
- Disuse atrophy musculature left front limb
- Possible disturbed ossification subchondral bone right costovertebral joint T11 to T13 and left costovertebral joint T11 & T13 – unknown clinical relevance



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- Normal cervical spine
- Normal shoulder joints
- Normal right elbow joint

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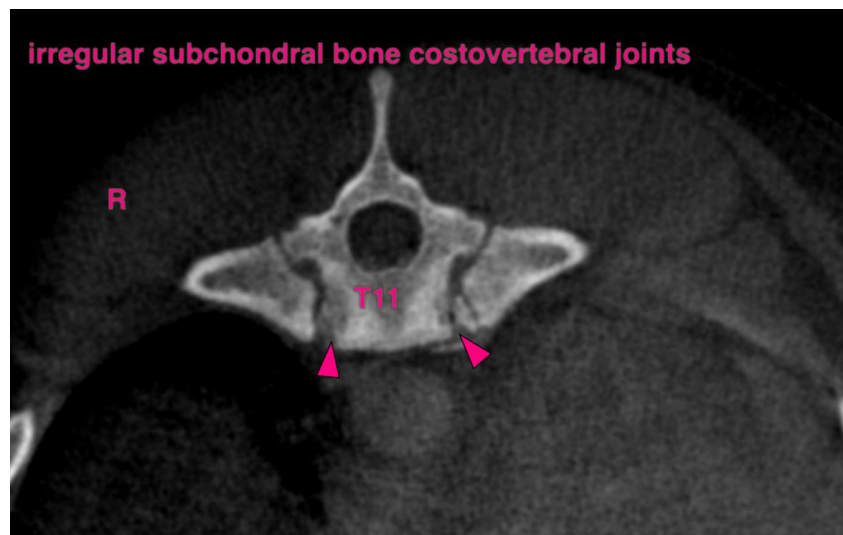
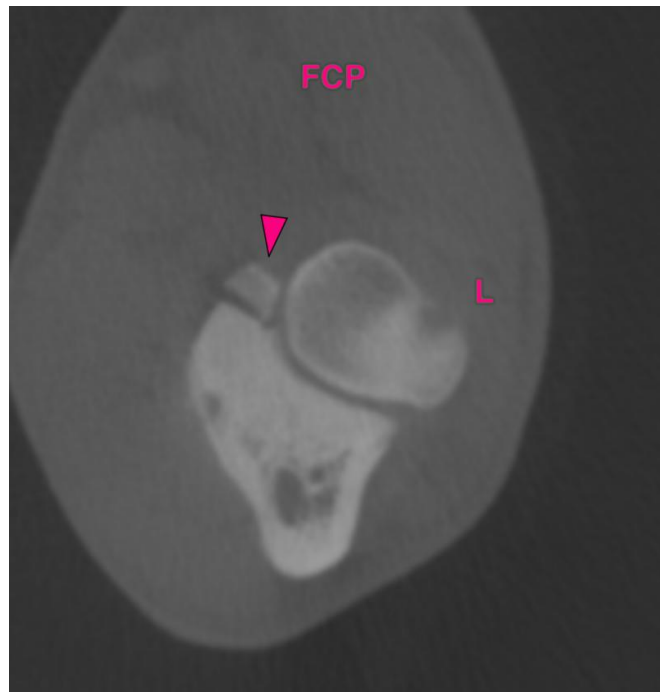
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with elbow dysplasia of the left elbow joint. Arthroscopy/arthrotomy would be ideal to revise the left elbow joint and remove the osseous fragment/nonvital tip of the medial coronoid process to avoid further damage.





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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