



## PATIENT

Jake Olynyk

## SPECIES

Canine

## BREED

Alaskan Husky Mix

## PRESENTING CLINICAL SIGNS

History: Jake first presented on Oct. 26/21 for an intermittent LF lameness. O mentioned that last winter he had slipped and fell on some ice and thought he might have hurt it at that time as it has been on and off since then, however now it has become more frequent. O takes on 2 long walks per day and goes to dog parks on weekends. On exam at that time he had reacted mildly (resisted and lip licked) to flexion of his L shoulder and extension of his elbow. He did not react to shoulder extension and had normal ROM in other joints on that leg. Suspected possible soft tissue injury but wanted to r/o possible OCD lesion, etc. Treated with Meloxadin SID for 5-7 days and recommended weight loss and activity restriction. Recommended radiographs of shoulder if no improvement. Presented today for sedated radiographs of both shoulders.

Abnormal PE/Chem/CBC/UA Results: T4 - WNL

## RADIOGRAPHIC STUDY OF THE SHOULDER JOINTS

## SEX

Neutered Male

Radiographs of both shoulder joints in two imaging planes are provided for review.

## RADIOGRAPHIC FINDINGS

## AGE

4 Years

Both shoulder joints present smooth osseous margins. No abnormalities of the surrounding soft tissue structures are appreciated.

## RADIOGRAPHIC DIAGNOSIS

- Normal shoulder joints bilaterally

## INTERPRETED BY

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the shoulder joint presents without abnormalities. However, an ultrasound examination of the shoulder joints can be used to check for pathology of the bicipital tendon or rotator cuff injury.

## HOSPITAL NAME

Woodridge VC

**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.**

## REFERRING VET

Dr. Breanne  
Coupperthwaite

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  
sebast.schaub@gmail.com

## INVOICE

13296

## DATE

1/6/22



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