



PATIENT

Millie Lindemann

PRESENTING CLINICAL SIGNS

Ran into a wooden planter in mid Sept. 2022, no obvious fractures on radiographs at the time. Continued to be lame on the left front leg. At exam on Oct. 4 2022: generalized muscle atrophy, left medial shoulder instability. Severe muscle atrophy of left forelimb from scapula to antebrachijum. Significant laxity in shoulder joint. Abduction angle in L forelimb was 55 degree in right was 40 degree. Shoulder adduct and rotates elbows externally while at a walk. 3/5 lameness.
Abnormal PE/Chem/CBC/UA Results: CBC and chemistry within normal limits.

SPECIES

Canine

BREED

Labrador Retriever/Poodle

COMPUTED TOMOGRAPHY OF THE FRONT LIMBS

A high resolution pre- and post-contrast CT study of the front limbs is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Both shoulder joints present smooth osseous margins. The left shoulder joint presents mild intracapsular soft tissue swelling.

SEX

F

There is advanced atrophy of the infraspinatus and supraspinatus muscle and the volume of the brachial musculature is moderately decreased. Segmental swelling and moderate contrast enhancement of at least one segment of the nerves of the brachial plexus is appreciated. Level with C6, the left hypaxial musculature presents a zone with increased contrast enhancement.

AGE

2 Years

The elbow joints bilaterally present smooth osseous margins. The medial coronoid process of the elbow joints is well-defined with a concave depression of the tip of the medial coronoid process – considered as normal anatomical variant. The joint space of both elbow joints is congruent.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect neurogenic muscle atrophy left supra- and infraspinatus muscle
- Segmental neuropathy of a branch of the left brachial plexus, possibly C7
- Disuse atrophy left brachial muscles
- Articular swelling left shoulder joint
- Focal myositis hypaxial musculature
- Normal elbow joints

HOSPITAL NAME

Casselton Vet Service

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the left brachial plexus in combination with the history of traumatic insult are concerning for laceration/avulsion of a branch of the brachial plexus. Segmental neuritis or due to the acute onset of clinical signs after a traumatic insult unlikely peripheral nerve sheath tumor are potentials. Electrodiagnostic testing of the nerves can be used to confirm the diagnosis/further evaluation.

REFERRING VET

Laurie Huckle

INVOICE

54726

The mild joint effusion of the left shoulder joint can be a sequela to preceding trauma, ultrasound of the shoulder joint can be used for evaluation of the bicipital tendon and can allow visualization of the nerves of the brachial plexus as well.

DATE

10-19-22



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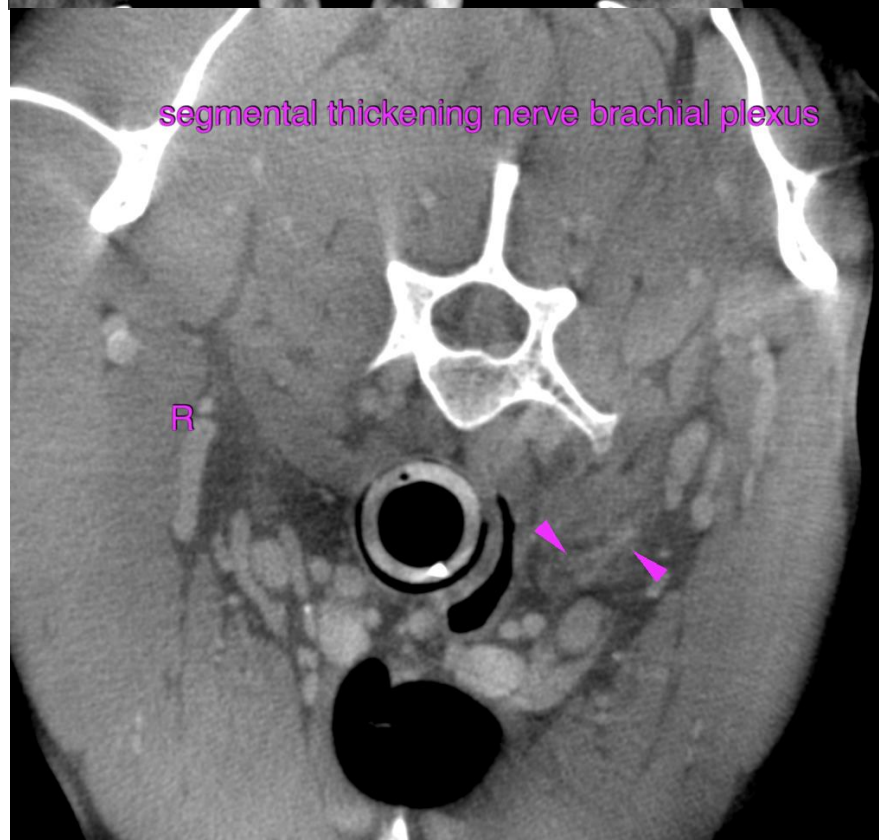
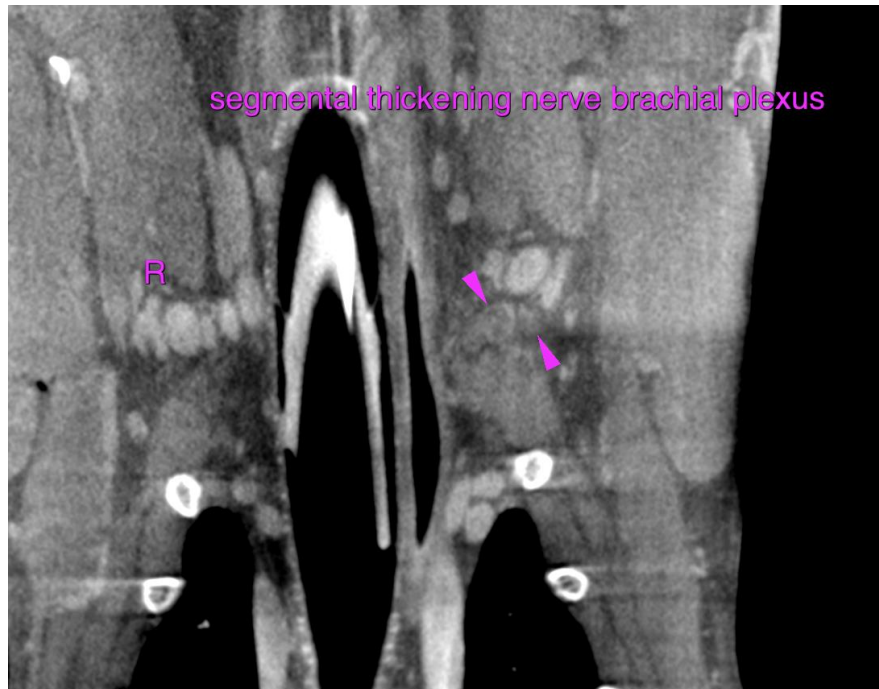
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Labrador
Retriever/Poodle

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

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