



## PATIENT

Dylan Farrington

## SPECIES

Canine

## BREED

Yorkshire Terrier

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

13.4 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

Dayna Evans

## HOSPITAL NAME

Animal Trust Ellesmere  
Port

## REFERRING VET

Dr. Edward Allsop

## INVOICE

35374

## DATE

10/31/25

## PRESENTING CLINICAL SIGNS

History: See previous assessment and work up for LF lameness: Provisionally localized to L shoulder extension pain but no specific injury, cause, tx path other than symptomatic Recent change in home environment, likes to jump onto back of sofa, sofa changed and may have fallen off/ struggled with less space, HL lameness noted, mild. Previous history of bilateral cruciate osteotomy with good outcome dp examination: when stood to walk held LH extended and lame for first few steps on it then no observable lameness at walks other than mild to moderate external rotation of LH. Spinal palp NAD, neuro ex NAD, LF mild periarticular carpal thickening with very mildly reduced range of flexion, no additional concerns on LF or on RF, L stifle effusive and moderate to marked periarticular thickening, poss subtle positive tib compression test (will reassess when sedated), RH stable and minimally effusive stifle, rest of HLs NAD.

## COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS AND LEFT HIND LIMB

A high-resolution plain CT study of the front limbs and left hind limb is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Exostosis formation is seen in the distal aspect of the bicipital groove bilaterally. The remainder of the osseous and surrounding soft tissue structures of the shoulder joints present smooth margins. The surrounding soft tissue structures of the shoulder joints are within normal limits.

Both elbow joints present smooth margins of the periarticular bones. The medial coronoid process of both elbow joints is well-defined and has a homogeneous density, unremarkable. The surrounding soft tissue structures of the elbow joints are unremarkable.

The osseous and surrounding soft tissue structures of the antebrachium, carpus and front paw bilaterally reveal no abnormalities.

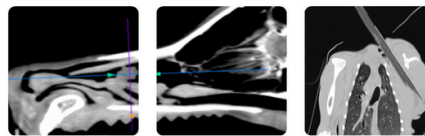
The periarticular bones of the left stifle joint present moderate osteophyte new bone formation. The left stifle joint presents a moderate intracapsular soft tissue swelling, distorting the infrapatellar fat-pad cranially. A TPLO implant is seen at the medioproximal aspect of the left tibia. The osteotomy of the proximal tibia is completely filled with trabecular bone.

The osseous and soft tissue structures of the left tarsus and left hind paw are unremarkable.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild exostosis formation bicipital groove humerus bilaterally
- History of surgical management of pathology of the cranial cruciate ligament of the left stifle joint via TPLO – the osteotomy is in the remodeling phase
- Osteoarthritis left stifle joint
- Articular swelling left stifle joint
- Normal elbow joints
- Normal antebrachium, carpus and front paws
- Normal left tarsal joint
- Normal left hind paw

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



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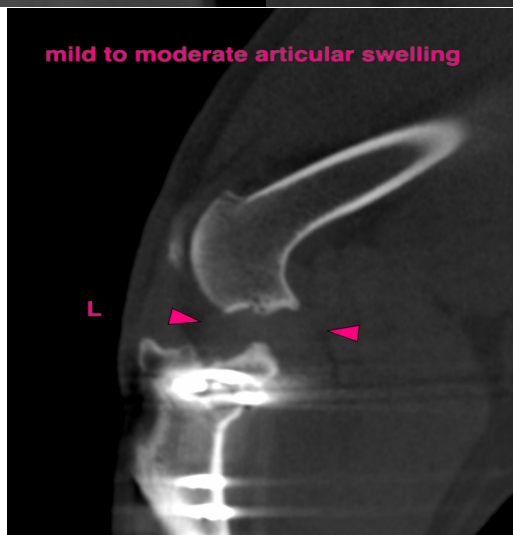
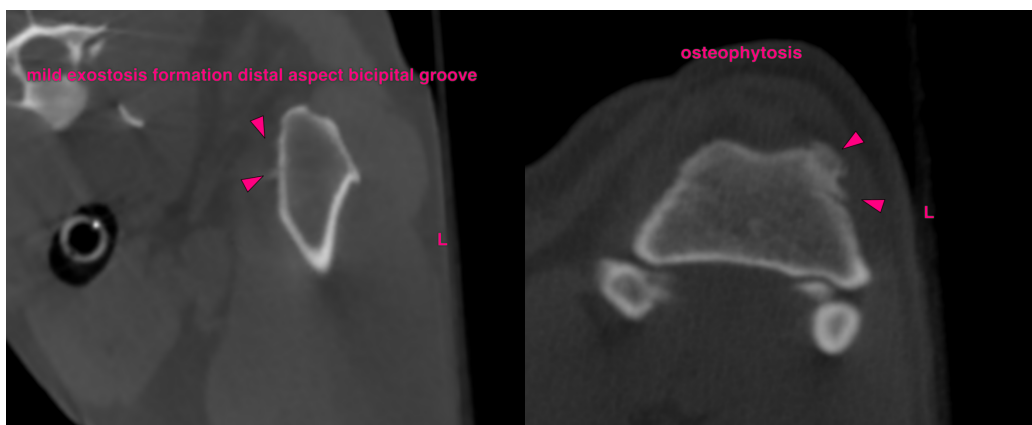
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The exostosis formation of the bicipital groove of the humerus bilaterally can be indicative for pathology of the bicipital tendon. An ultrasound examination of the shoulder joint can be performed as advanced imaging modality for assessment of the soft tissue structures of the shoulder joint(s).

No other abnormalities can be specified, that do explain the left front limb lameness.

The changes of the left stifle joint can present 'normal' state post-surgical management of cranial cruciate ligament pathology via TPLO – if there are signs for arthritis, a synovial tap can be performed as advanced diagnostic test.



**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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)