



**PATIENT**

Koda Bridges

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

MN

**AGE**

8 Years, 3 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Grove Veterinary  
Clinic

**REFERRING VET**

Dr. Luna

**INVOICE**

50493

**DATE**

2-22-22

**PRESENTING CLINICAL SIGNS**

Pet started limping a few days ago after getting up from a nap. Not bearing any weight on right front limb most of the time, holding up from elbow.

Abnormal PE/Chem/CBC/UA Results: Aggressive P No obvious painful areas or swellings noted on either right limb or neck. The right shoulder and forearm are subjectively muscle wasted vs left. Sedated prior to x-rays and blood collection

**RADIOGRAPHIC STUDY OF THE SHOULDER AND ELBOW JOINTS**

A complete set of radiographs of the shoulder & elbow joints is provided for review.

**RADIOGRAPHIC FINDINGS**

The left shoulder & elbow joint presents smooth osseous margins, and no abnormalities of the surrounding soft tissue structures are appreciated.

A mild irregular marginated, spindle shaped sclerotic zone is superimposed on the region of the intertubercular sulcus, in the craniocaudal view, the mineral opaque structure is seen at the distal aspect of the minor tubercle. The right elbow joint presents smooth osseous margins, the contour of the medial coronoid process of the left shoulder joint is well defined. In the craniocaudal projection parts of the ear and neck collar are superimposed on the right elbow joint.

**RADIOGRAPHIC DIAGNOSIS**

- Suspect dystrophic mineralization region of the joint capsule versus sclerosis of the intertubercular sulcus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the shoulder & elbow joints presents no specific abnormality, explaining the acute onset of right front limb lameness. The mineralization seen in the region of the intertubercular sulcus/minor tubercle is most consistent with dystrophic mineralization with unknown clinical relevance, the odds for sclerosis within the intertubercular sulcus indicating pathology of the bicipital tendon are considered lower. Ultrasound examination of the right shoulder joint can be used as advanced diagnostic test and evaluation of the bicipital tendon.

Rule out pain originating from the cervical spine as source for clinical signs as well.



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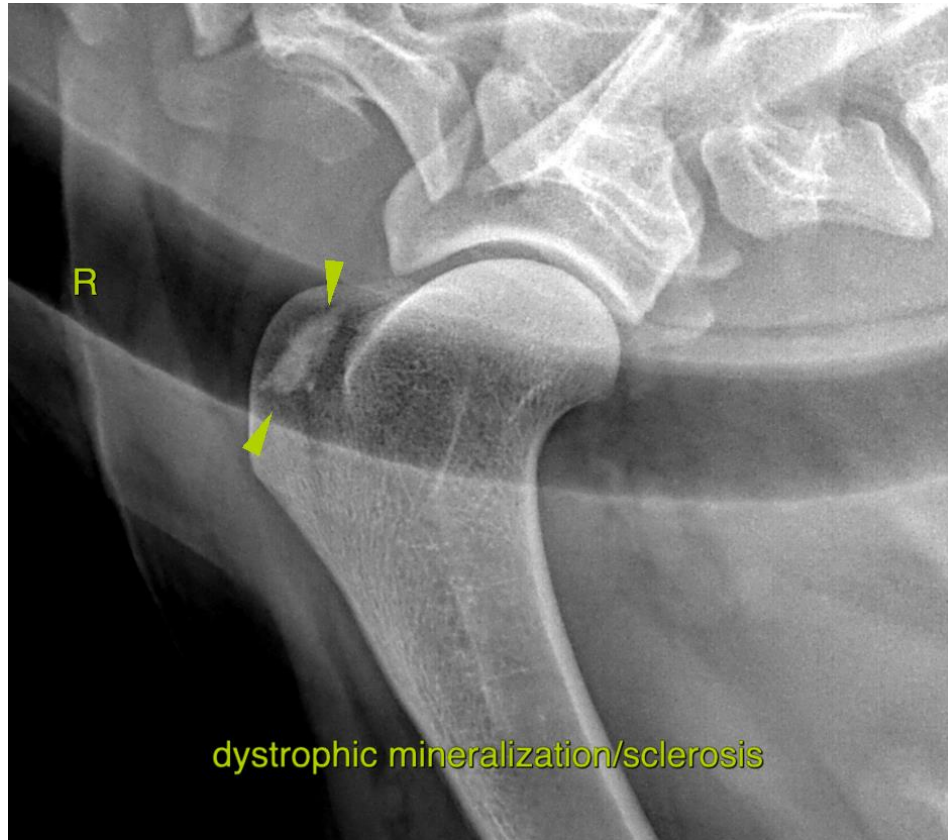
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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