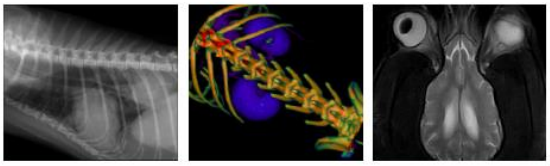

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PATIENT

Croissant Mertz

SPECIES

Canine

BREED

Dogue De Bordeaux

SEX

MN

AGE

5 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Care Denver

REFERRING VET

Nikki D'Anna

INVOICE

57484

DATE

3-23-23

PRESENTING CLINICAL SIGNS

Seems painful in lumbar area (no neuro deficits). Difficulty going up stairs. Occasionally limps on L front limb.
Abnormal PE/Chem/CBC/UA Results: Labwork was all normal.

COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE AND ELBOW JOINTS

A high resolution plain CT study of the thoracic & lumbar spine and the elbow joints are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Spine

A stitching artefact is seen level L1/L2.

The facet joints T11/T12, L3/L4 to L5/L6 present mild moderate osteophyte new bone formation.

The remainder of the osseous and soft tissue structures of the thoracic spine present without abnormalities.

The lumbosacral intervertebral disc is bulging into the vertebral canal, occupying approximately 75% of the cross-sectional area of the vertebral canal at the same level.

The 4th and 5th caudal vertebra present bridging ventral spondylosis formation.

Focal granular mineralization are seen at the proximal aspect of the left greater trochanter of the femur.

Elbow joints

The periarticular bones of both elbow joints present advanced osteophyte new bone formation. The medial coronoid process of both elbow joints is irregular. At the cranial aspect of the medial coronoid process, an isolated osseous fragment is seen in both elbow joints, measuring 12 x 8 x 9 mm (R)/6 x 6 x 6 mm (L). The joint space of both elbow joints is incongruent. The joint space of the medial compartment of the left elbow joint is narrowed. The elbow joints present a moderate intracapsular soft tissue swelling. Caudal to the medial humeral epicondyle of both elbow joints, shell-like mineralization of the joint capsule is appreciated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Fragmented medial coronoid process (FCP) elbow joints bilaterally
- Incongruent joint space elbow joints bilaterally
- Narrowed medial compartment left elbow joint
- Advanced degenerative osteoarthrosis elbow joints bilaterally
- Articular swelling elbow joints bilaterally
- Metaplasia/synovial osteochondromatosis elbow joints bilaterally – caudal aspect humeral epicondyle
- Degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Multifocal spondylarthrosis

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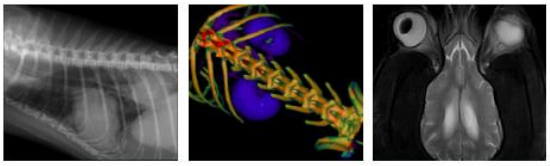

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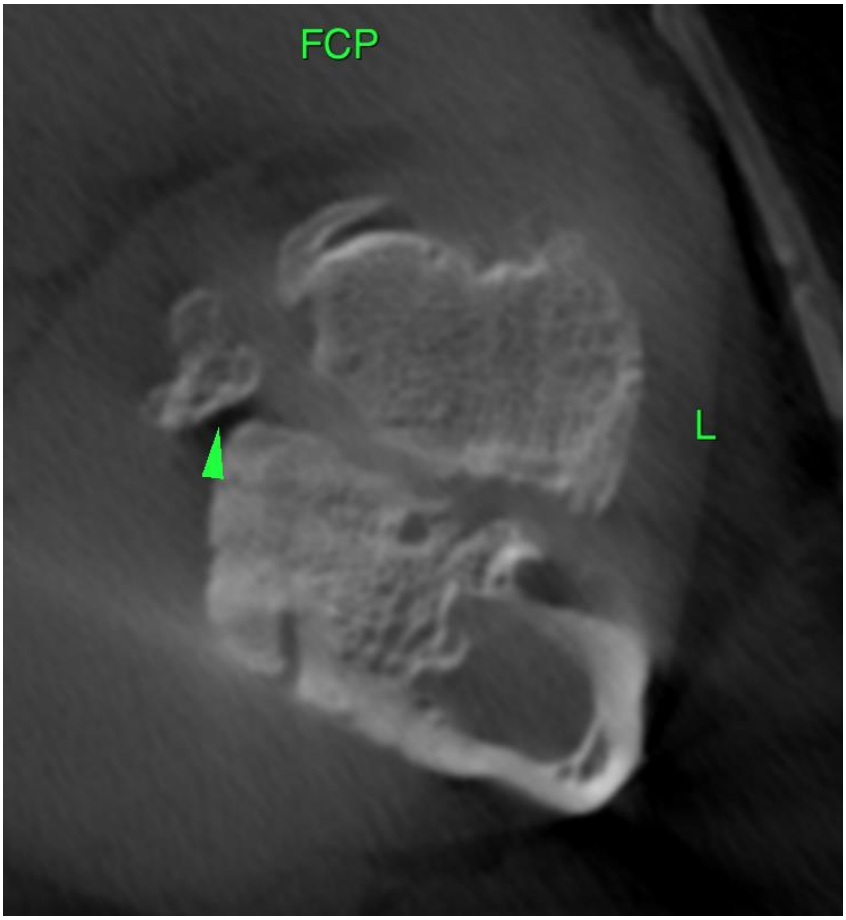
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The front limb lameness can be explained by the advanced degenerative joint disease of both elbow joints due to FCP. The narrowed medial compartment of the left elbow joint can indicate advanced damage of the joint cartilage. Arthroscopy/arthrotomy can be considered to revise the elbow joints and remove the osseous fragments.

The degenerative lumbosacral stenosis could explain the described reluctance/pain going up the stairs. Dorsal deep palpation of the lumbosacral region with/ without hyperextension of the tail or one hind limb is recommended to induce pain which would support the presumptive diagnosis.



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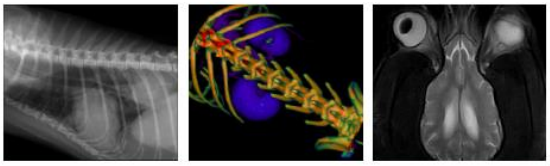

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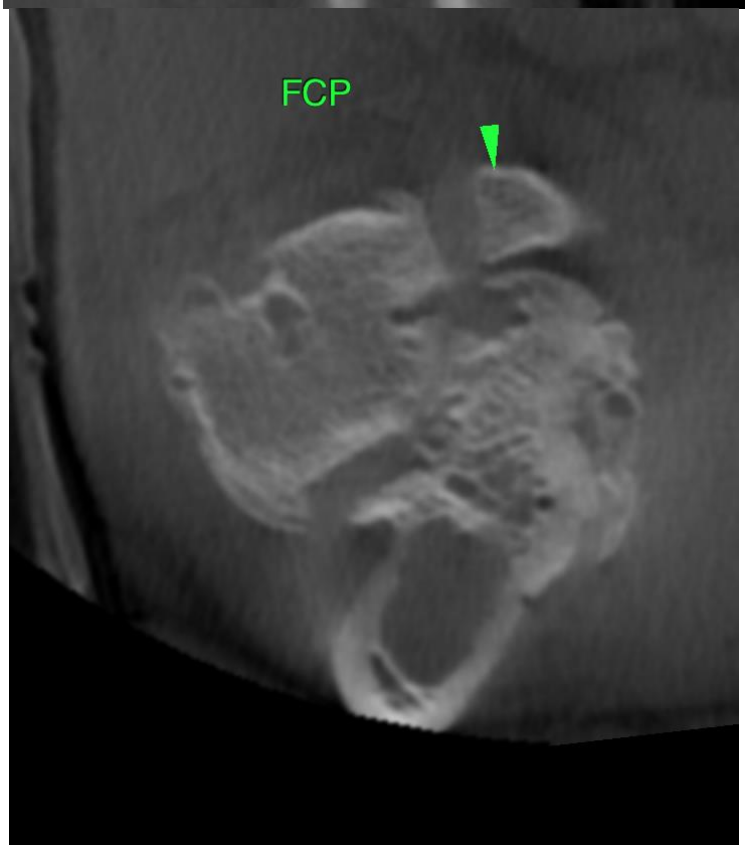

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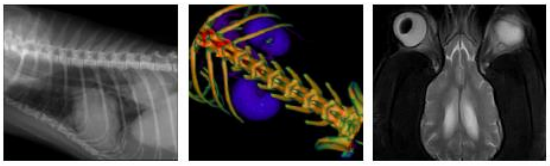

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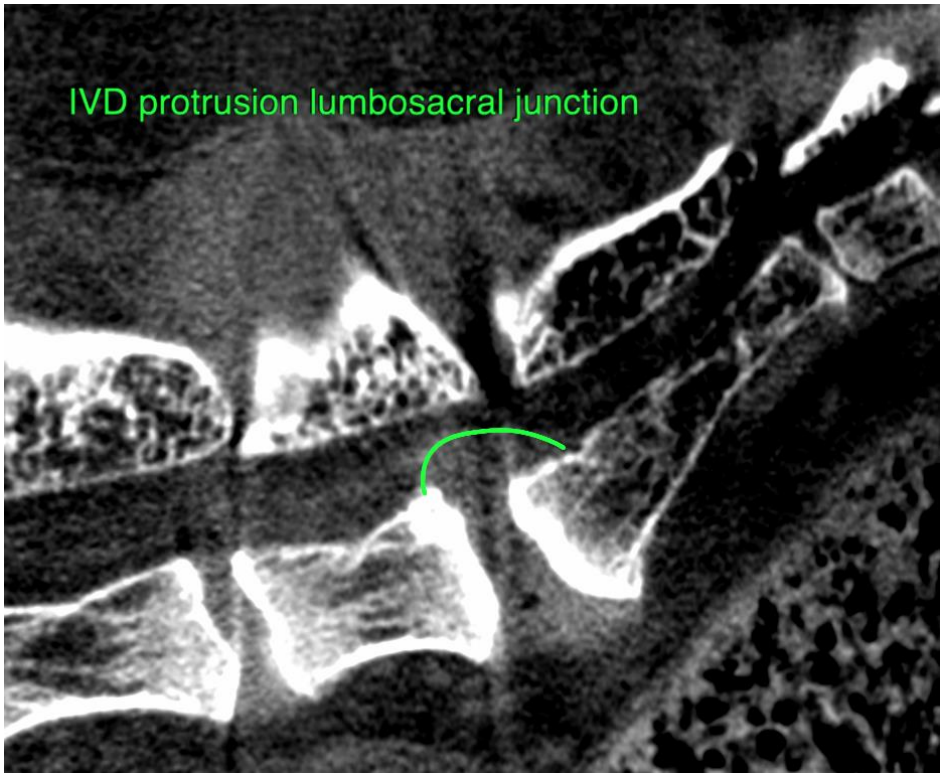

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com