



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Clavin Stawarsky
SPECIES Canine
BREED Labrador Retriever

History: Calvin, a 10 year old Male Neutered Labrador Retriever, was presented to the Toronto Animal Health Partners Surgery Service for evaluation of a bilateral thoracic limb lameness. Left thoracic limb lameness was initially noticed one year ago. The right thoracic limb lameness was noticed 2-3 months ago. Both lameness appeared gradually with no clear trauma. Lameness is intermittent and worsens with exercise. Calvin was started on an NSAID, but did not respond well. Lameness currently worsening. Calvin is currently rested. Normal EDUD; No VDSC Radiograph report: Left forelimb: The elbow joint appears normal. The shoulder joint is normal. The long bones are normal. Right forelimb: There are no osseous or soft tissue abnormalities noted on this study.

Abnormal PE/Chem/CBC/UA Results: PE: forelimbs: *left carpal pain on flexion, limited ROM bilaterally. Pain bilaterally on medial coronoid palpation. Pain on flexion bilaterally of elbows with internal rotation. Pain on extension of left shoulder. * No digital crepitus or pain.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE FRONT LIMBS

SEX Neutered Male
 A plain CT study of the front limbs in a bone and soft tissue reconstruction is provided for review.

AGE COMPUTED TOMOGRAPHIC FINDINGS

AGE 10 Years
 Both shoulder joints present smooth osseous margins. Mild incidental mineralization of the aponeurosis of the left pectoral muscle, at the craniodistal aspect of the left greater tubercle is seen. Incidental small lollipop shaped synovial depressions of the subchondral bone are seen along the bicipital groove bilaterally.

INTERPRETED BY

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI
 The periarticular bones of both elbow joints present mild osteophyte new bone formation. The tip of the medial coronoid process of the elbow joints bilaterally is irregular. The medial coronoid process of the right elbow joint presents a fissure line running in a mediocranial to caudolateral direction, demarcating a fragment measuring 4.9 x 6.8 x 5.6 mm in size. Level with the joint capsule at the cranial aspect of the left elbow joint, two well-defined mineralized bodies are visible.

HOSPITAL NAME

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 At the palmar aspect of the third carpal bone, two well-defined, roundish mineralized bodies, measuring up to 3 mm in size are visible.

The remainder of the osseous and soft tissue structures of both front limbs are within normal limits.

REFERRING VET

REFERRING VET Dr. Lea Mehrkens

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Coronoid disease elbow joints bilaterally
- Mild degenerative osteoarthritis elbow joints bilaterally
- Suspect synovial osteochondromatosis cranial aspect joint capsule left elbow joint
- Synovial osteochondromatosis versus traumatic small slab fragment palmar aspect third right carpal bone
- Normal shoulder joints

DATE

3/30/22



PATIENT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Clavin Stawarsky

The coronoid disease of the elbow joints is considered as the most concerning finding in this case with secondary mild degenerative osteoarthritis. Commonly patients with such pathology present earlier in life, but in few cases patient start presenting clinical signs later in life. The diagnosis is supported by the pain elicited by pressure on the medial coronoid process. Arthroscopy/arthrotomy can be used to revise the elbow joints.

SPECIES

Canine

The small, mineralized body at the palmar aspect of the third right carpal bone is considered as clinically not relevant.

BREED

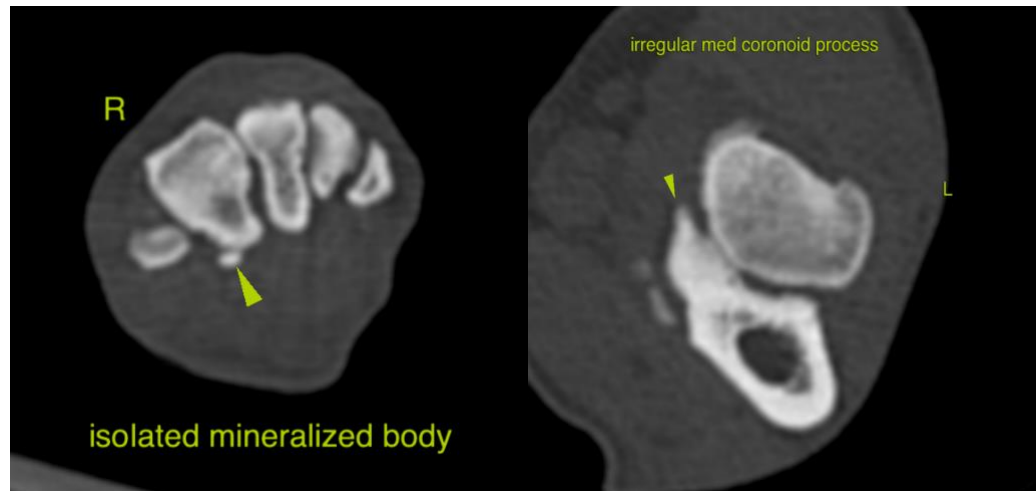
Labrador Retriever

SEX

Neutered Male

AGE

10 Years



INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI



HOSPITAL NAME

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Dr. Lea Mehrkens

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.

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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.

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