



PATIENT

River Saylor

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

3 Years 9 Days

WEIGHT

80 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVCI

IMAGING PERFORMED BY

Dr. Raul Casas

HOSPITAL NAME

State Avenue VC

REFERRING VET

Dr. Raul Casas

INVOICE

37239

DATE

5/28/26

PRESENTING CLINICAL SIGNS

History: Presents for progressive left front limb lameness since December; worsening monthly. No known inciting trauma. Previously sedated for spay and radiographs; tolerated anesthesia well. Gained weight due to decreased activity. Hunting dog since 4 months old; active, used for hunting in Arkansas. Previous radiographs performed at New Salem, tentative dx of infraspinatus contracture.

Abnormal PE/Chem/CBC/UA Results: Lameness at walk and trot on left front limb, Pain elicited with left elbow flexion while supinating carpus, Pain on palpation of medial compartment of left elbow

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOW JOINTS

A high-resolution plain CT study of the elbow joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The periarticular bones of both elbow joints present mild osteophyte new bone formation. The medial coronoid process of both elbow joints presents an irregular cranial tip along with a mild heterogeneous density. At the distal aspect of the left medial humeral epicondyle, in the origin of the flexor muscles, an isolated mineral attenuating body is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Coronoid disease elbow joint bilaterally
- Left sided flexor tenosynovitis with metaplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals bilateral elbow dysplasia and secondary mild degenerative joint disease of both elbow joints – a plausible explanation for the left front limb lameness. Arthroscopy/arthrotomy would be ideal to revise the elbow joints and remove the osseous fragment/nonvital tip of the medial coronoid process to avoid further damage.



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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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com