



**PATIENT PRESENTING CLINICAL SIGNS**

**Sydney Charles**  
Presented to the Toronto Animal Health Partners Surgery Service for evaluation of bilateral elbow dysplasia. Sydney was initially noticed to be limping on the right forelimb in March. Sydney is limping every day, on any activity level. Started on rheumocam and gabapentin which helped the lameness. O noted that lameness was on right forelimb, but has resolved with time. Normal EDUD; No VDSC; Energetic. Very active (heavy play at dog park daily and multiple walks) Rads on 4/27/22 revealed suspect bilateral elbow dysplasia.

**SPECIES**

Canine

**BREED**

Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Forelimbs: No digital crepitus or pain. No carpal effusion, normal range of motion. Discomfort on left elbow flexion with internal rotation. range of motion of elbow,

**COMPUTED TOMOGRAPHY OF THE FRONT LIMBS**

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

**SEX**

FS

**COMPUTED TOMOGRAPHIC FINDINGS**

The volume of the right brachial musculature is mildly decreased in comparison to the contralateral limb.

**AGE**

1 Year

At the cranial aspect of the major tubercle of the left humerus, level with the insertion of the tendon of the supraspinatus muscle, a small punctuate mineralization is appreciated.

The remainder of the osseous and surrounding soft tissue structures of both shoulder joints are within normal limits.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The periarticular bones of the left elbow joint present smooth osseous margins, unremarkable. The medial coronoid process of the left elbow joint has a homogeneous density and smooth margins.

**HOSPITAL NAME**

Animal Health Partners

The medial coronoid process of the right elbow joint has a heterogeneous density, and a fissure line is running from the cranial tip caudolaterally into the radio-ulnar joint space, demarcating a crescent shaped fragment, measuring 3.9 x 2.2 x 3.2 mm in size. Mild osteophyte formation is seen at the proximal contour of the right anconeal process.

The osseous structures of both carpal joints present smooth osseous margins, no abnormalities of the surrounding soft tissue structures are appreciated.

**REFERRING VET**

Dr. Lea Mehrkens

The abaxial sesamoid bone of the metacarpophalangeal joint of the second phalanx and the axial sesamoid bone of the metacarpophalangeal joint of the fifth phalanx are multipartite.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**INVOICE**

52400

**DATE**

6-10-22

- Fragmented medial coronoid process (FCP) right elbow joint
- Mild degenerative osteoarthritis right elbow joint
- Mild disuse atrophy right brachial musculature
- Normal left elbow joint
- Very mild calcifying tendinopathy left supraspinatus tendon
- Multipartite sesamoid bone second and fifth phalanx sesamoid bone metacarpophalangeal both front limbs
- Normal carpal joints



**PATIENT**

Sydney Charles

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

1 Year

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Lea Mehrkens

**INVOICE**

52400

**DATE**

6-10-22

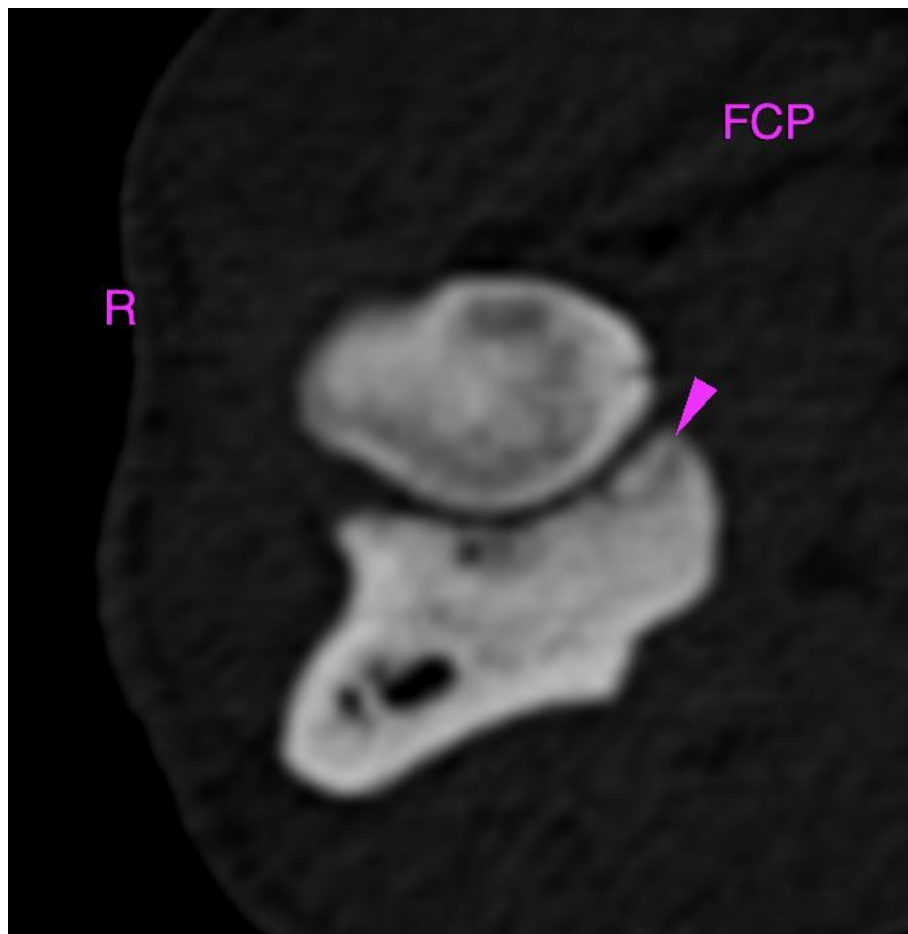
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings are consistent with mild chronic degenerative joint disease of the right elbow joint due to a fragmented medial coronoid process.

Arthroscopy to revise the right elbow joint and remove the fragment of the medial coronoid process and prevent further damage is considered as the therapy of choice.

The left elbow joints presents without abnormalities, if clinically pain can be elicited by pressure on the medial compartment of the elbow joint, arthroscopy can be considered to rule in/out coronoid disease entirely.

The multipartite sesamoid bones are commonly an incidental finding, butt are described as source for lameness in the Rottweiler.





**PATIENT**

Sydney Charles

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

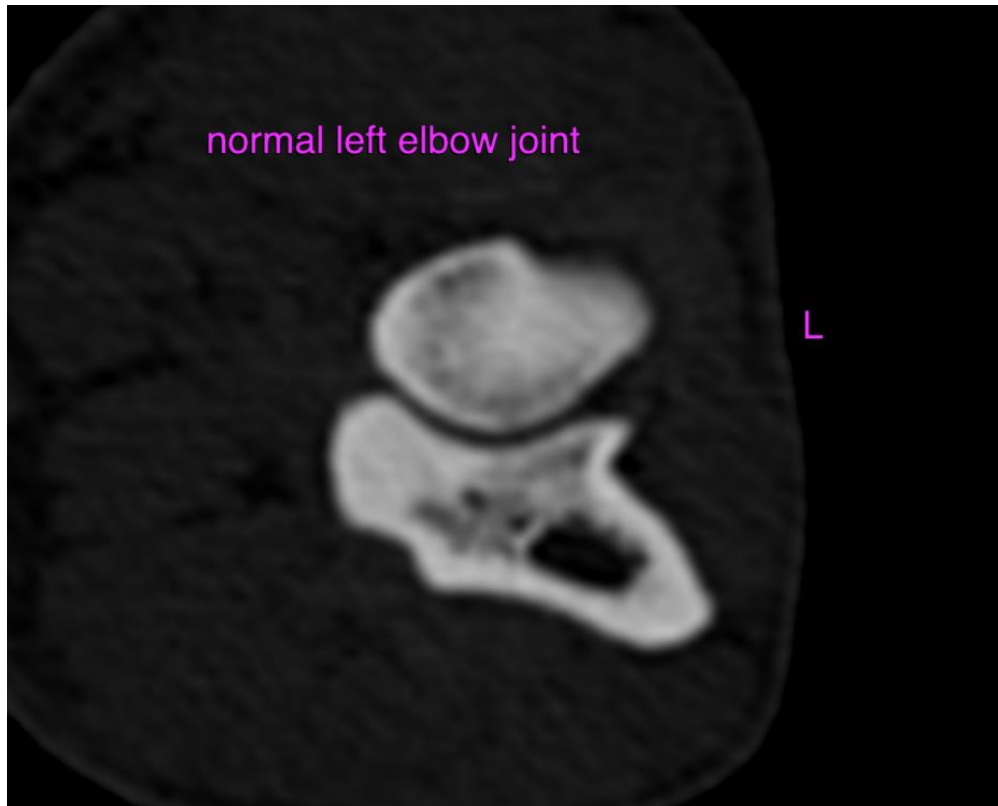
FS

**AGE**

1 Year

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Lea Mehrkens

**INVOICE**

52400

**DATE**

6-10-22





**PATIENT**

Sydney Charles

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.

**SPECIES**

Canine

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**BREED**

Labrador Retriever

**SEX**

FS

**AGE**

1 Year

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Lea Mehrkens

**INVOICE**

52400

**DATE**

6-10-22