



PATIENT PRESENTING CLINICAL SIGNS

Popsicle Nicholson Reason for Visit: Front leg limping History: Popsicle, a 15 yr old Neutered MAle DSH presents today for constant limping on R front leg. O states P takes a while to lay/sit down and has a hard time standing up. P will also lay with L front leg sticking out. P has had a decreased appetite and has been sleeping more than usual. O also states P is drinking a lot of water and defecating outside his litterbox. C/S/V/D: hard stool E/D/U/D: decreased appetite/excessive thirst Diet: Optimum sensitive stomach FAS Score: 0-1 for exam, escalated to 3-4 for blood draw Current Medications (dose and frequency): none Heartworm Prevention / Flea Prevention: none Known Allergies and Medical Conditions: hx of vomitting Microchip ID: / No microchip Vital Signs Weight: 10.46lbs Temp: HR: 190bpm RR: 27 MM/CRT: p/m <2sec

SPECIES Feline

BREED DSH

SEX NM

AGE 15 Years

Abnormal PE/Chem/CBC/UA Results: Hydration: Adequate Mentation: BAR EENT: OU clear, no discharge. AU clear, no abnormal debris or odor, comfortable. No nasal discharge. Oral cavity: Mild tartar lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 3 with non-weightbearing left thoracic limb lameness; prefers to hold left thoracic limb extended even when laying down; decreased CP and withdrawal left thoracic limb. Pain on palpation of humerus. Neurological: Alert and appropriate. Decreased withdrawal and CP left thoracic limb rule-out C6-T2 vs. pain from orthopedic/soft tissue vs. other Diagnostic Testing Needed: Radiographs left thoracic limb/humerus: consult pending--IN-HOUSE REVIEW SUSPECIOUS FOR LYSIS VS. MALFORMATION DORSAL SPINOUS PROCESSES CAUDAL CERVICAL SPINE? bloodwork wnl

INTERPRETED BY RADIOGRAPHIC STUDY OF THE LEFT ELBOW JOINT

Radiographs of the left elbow joint in two orthogonal imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The proximal segment of the left humerus, in the region of the greater tubercle, an ill-defined radiolucent area is appreciated – not seen in the cranioventral projection of the elbow joints.

The left elbow joint has smooth osseous margins of the periarticular bones and the surrounding soft tissue structures present without abnormalities.

RADIOGRAPHIC DIAGNOSIS

- Possible monostotic semiaggressive osteolytic lesion proximal aspect left humerus
- Normal left elbow joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE 59101 The radiolucent zone in the proximal aspect of the left humerus can be artifactual, differentials would include fibrous dysplasia, osteomyelitis or neoplastic disease (e.g. metastasis, round cell tumor). Check if pain can be elicited by pressure on the respective region of the humerus. Either follow up radiographs or cross-sectional imaging can be performed to confirm the finding.

DATE 6-29-23 The radiographic study of the left elbow joint presents without abnormalities, explaining the left front limb lameness. Rule out pathology of the soft tissues or cervical spine as well.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. Ward



PATIENT

Popsicle Nicholson

SPECIES

Feline

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AGE

15 Years

INTERPRETED BY

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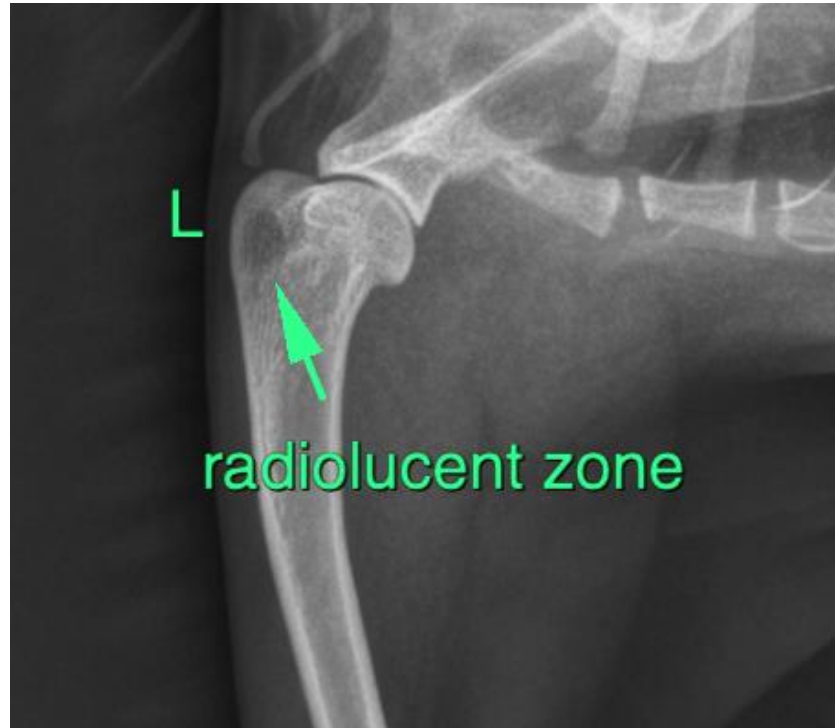
Dr. Ward

INVOICE

59101

DATE

6-29-23



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.

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