



**PATIENT**

Miller Livesey

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male

**AGE**

8 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Myerscough  
Veterinary Group

**REFERRING VET**

Julie Bettess

**INVOICE**

52984

**DATE**

7-20-22

**PRESENTING CLINICAL SIGNS**

Injury to left shoulder got let stuck under gate at the beginning of the month, intermittent lameness since, resolved then ran into O leg yesterday and now lame again and can feel instability in joint.

Abnormal PE/Chem/CBC/UA Results: SDMA 30ug/ elevated, all other parameters NAD.

**COMPUTED TOMOGRAPHY OF THE LEFT FRONT LIMB**

A high resolution plain CT study of the left shoulder joint is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The distal third of the spine of the scapula presents an incomplete fissure line running from the distal margin of the spine of the scapula proximally, no reaching the lateral cortex. The margins of the fissure line of the spine of the left scapular are mildly blurred.

The left shoulder joint presents smooth osseous margins, the growth plates are age related visible.

The surrounding soft tissue structures of the shoulder joint are within normal limits.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Subacute traumatic non-displaced incomplete fracture line distal third spine of the left scapula

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The main finding is the fissure line in the distal third of the left scapula, a plausible explanation for the left front limb lameness. Rest and pain management is the therapy of choice.

Instability of the shoulder joint cannot be proven by CT, but if there is luxation of the humeral head, and evaluation of instability depends on the results of the clinical examination.



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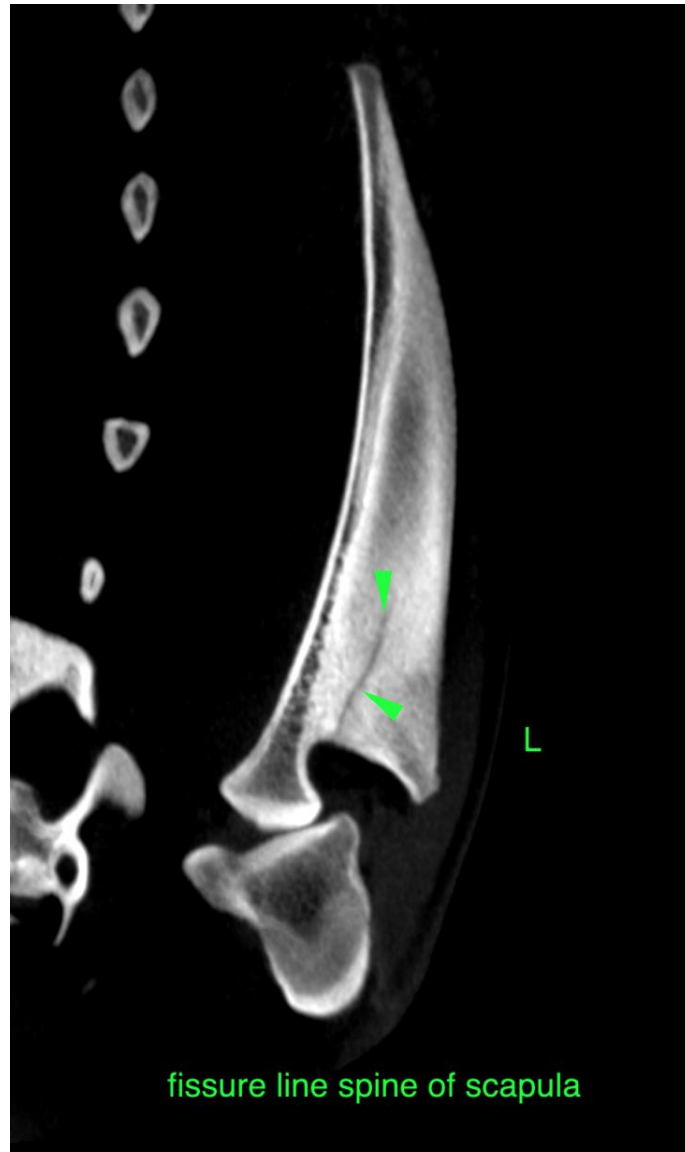
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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