



PATIENT

Takoda Goodwin

PRESENTING CLINICAL SIGNS

Has been limping on and off for several months. Runs along Tim side by side. Hasn't been having P do that. RF paw/joint licking has been going on for several months. Seems to favorite R ear. Does have a smell. E/D well. No c/s/v/d. No meds/supplements.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Cardiovascular/Respiratory: STRIDOR WHEN STRESSED Eye, Ears, Nose,Throat: LEFT EAR: HORIZONTAL CANAL INFECTION, YEAST SMELL, SCLEROSIS NORMAL FOR AGE Musculoskeletal: LEFT FRONT LIMB ATROPHY, LEFT ELBOW, ARTHRITIS AND DECREASED ROM, LEFT HIND LIMB ATROPHY, LEFT TARSUS ARTHRITIS, EFFUSION BILATERAL HIP PAIN ON EXTENSION, GNARLED FRONT FEET Oral: VERY WORN TEETH UA: SG - 1.030, pH - 9.0, Sediment - <1 (WBC,RBC)

BREED

Labrador Retriever

RADIOGRAPHIC STUDY OF THE FRONT LIMBS

A full set of radiographs of the front limbs, pelvis and tarsal joints is provided for review.

SEX

FS

RADIOGRAPHIC FINDINGS

Shoulder joints

Both shoulder joints present smooth osseous margins. The surrounding soft tissue structures are within normal limits.

AGE

11 Years, 3 Months

Elbow joints

The periarticular bones of the right elbow joint present mild to moderate osteophyte new bone formation. The contour of the medial coronoid process is blurred.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The periarticular bones of the left elbow joint present moderate to marked osteophyte new bone formation. The medial coronoid process cannot be defined. An isolated heterogeneous mineralized body is seen cranial to the right elbow joint and a small, mineralized body is seen at the medial aspect of the left elbow joint.

HOSPITAL NAME

Elizabeth Animal
Hospital

Front paws

The metacarpophalangeal joints bilaterally present generalized moderate to marked osteophyte new bone formation.

REFERRING VET

Leon Anderson, DVM

Pelvis

The osseous and surrounding soft tissue structures of the pelvis including the coxofemoral joints present no abnormalities.

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Tarsal joints

The right tarsal joint presents with smooth osseous margins and the surrounding soft tissue structures are within normal limits.

DATE

8-23-21

The periarticular bones of the left tarsal joint present moderate osteophyte new bone formation. A moderate soft tissue swelling is seen at the medial aspect of the left talocrural joint with a central mineralized elongated body. An isolated mineralized body is visible at the caudal aspect of



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the distal tibial diaphysis, measuring 3 x 1.5 mm in size – suspect in region of the tendon sheath of the musculus flexor digitorum lateralis muscle. The medial trochlear ridge of the talus is flattened and the medial compartment of the left talocrural joint is widened

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RADIOGRAPHIC DIAGNOSIS

- Suspect bilateral pathology of the medial coronoid process
- Degenerative osteoarthritis elbow joints bilaterally, L>>R
- Generalized degenerative osteoarthritis metacarpophalangeal joints front paws bilaterally
- Suspect Osteochondrosis dissecans of medial trochlear ridge left talocrural joint
- Degenerative osteoarthritis left talocrural joint
- Articular swelling left talocrural joint, most accentuated medial aspect
- Suspect synovial osteochondromatosis left elbow joint and left talocrural joint
- Normal shoulder joints
- Normal coxofemoral joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study presents evidence of multifocal degenerative joint disease, most pronounced of the left elbow joint and the left tarsal joint which are considered clinically most relevant. However, the remaining joints can also contribute to the lameness as well. Recommend empirical pain management, intraarticular glucocorticoid injection into the left elbow joint might be beneficial.





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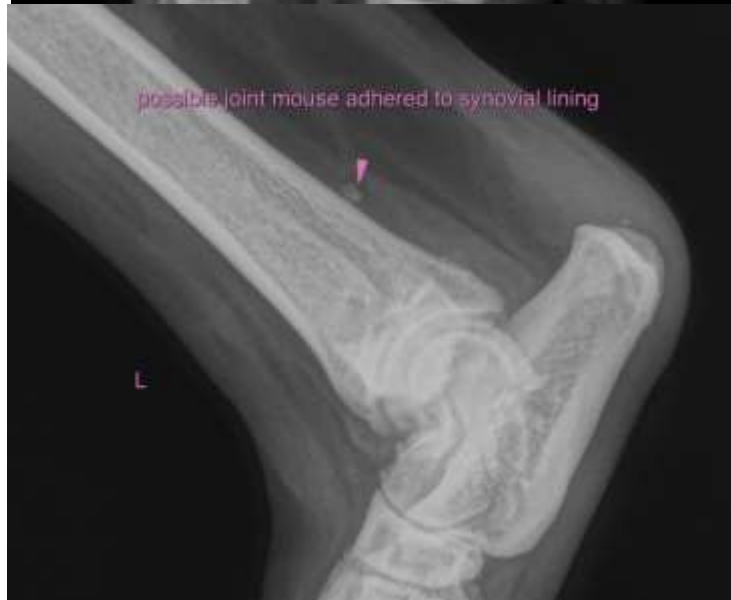
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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