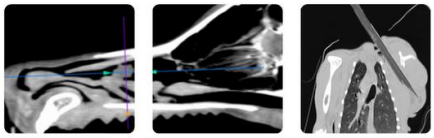

PATIENT

Bogey Gordon

SPECIES

Canine

BREED

Greater Swiss Mtn

SEX

Male

AGE

1Y, 5M

WEIGHT

115.7lbs

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Lisa/Kim

HOSPITAL NAME

Animal Clinic Northview

REFERRING VET

Steven Cudia, DVM

INVOICE

73472

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- 6 month history of intermittent forelimb lameness. O feels both forelimbs are "off" but seems to be predominantly R limb lameness. Lameness more noticeable after P has been at rest for a while, and seems to lessen as he warms up. O notes that the lameness is more prominent following periods of high activity. Physical exam is mostly unremarkable, but P is difficult to examine thoroughly d/t behavior. RF lameness is occasionally observed in the clinic, and P has noticeable discomfort/hesitation when transitioning from standing to lying position.

Abnormal PE/Chem/CBC/UA Results: Radiographs of shoulders/elbows on 2/16 were unremarkable. P shows minimal response to NSAIDs.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

A non-contrast computed tomographic examination of both shoulder and elbow joints was provided for review, using a bone algorithm. The study date is 07/02/2024.

COMPUTED TOMOGRAPHIC FINDINGS

LEFT SHOULDER & ELBOW JOINTS

The medial coronoid process demonstrates a variant triangular morphology, with normal attenuation.

There is discrete sclerosis and surface irregularity of the medial humeral condyle, located in an atypical position distal to the supratrochlear foramen, accompanied by mild periarticular osteophyte formation.

A small, thin osseous fragment (osseous body) and/or focal soft tissue mineralization is present adjacent to the insertion region of the elbow flexor musculature, measuring approximately 6.0 × 2.0 mm.

On dorsal and sagittal reformatted images, the humeroulnar and humeroradial joints are congruent.

The anconeal process is unremarkable.

The scapulohumeral joint is within normal limits.

RIGHT SHOULDER & ELBOW JOINTS

The medial coronoid process demonstrates a variant triangular morphology, with normal attenuation.

There is discrete sclerosis and irregularity of the medial humeral condyle, similarly positioned distal to the supratrochlear foramen, with mild periarticular osteophyte formation.

On dorsal and sagittal reformatted images, the humeroulnar and humeroradial joints are congruent.

The anconeal process is unremarkable.

The scapulohumeral joint is within normal limits.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral medial humeral condylar sclerosis and surface irregularity in atypical position, with mild periarticular osteophyte formation, compatible with early degenerative joint disease.
- Small mineralized focus adjacent to the left elbow flexor musculature. Differential diagnoses include mineralized enthesopathy, dystrophic mineralization, or less likely a small osseous fragment correlated with atypical position osteochondritis dissecans.
- Variant morphology of the medial coronoid processes bilaterally.
- No evidence of shoulder joints abnormalities

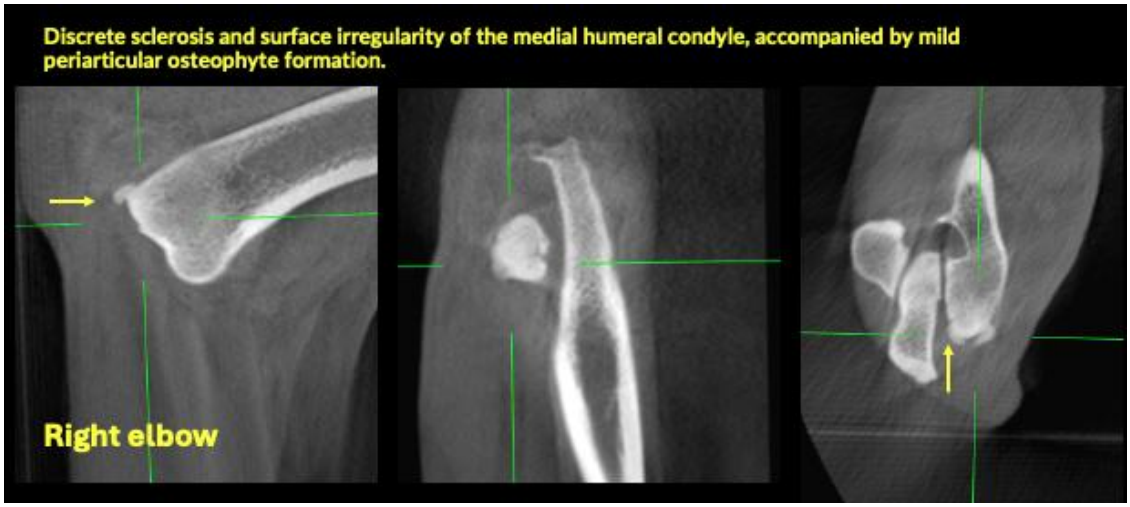
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal subtle bilateral abnormalities of the medial humeral condyles, characterized by focal sclerosis, surface irregularity, and early osteophyte formation. These changes may represent early-stage degenerative elbow joint disease. The definitive etiopathogenesis of the degenerative changes cannot be determined based on the current examination.

An atypical presentation of osteochondritis dissecans cannot be excluded, particularly in light of the mineralized soft tissue focus identified adjacent to the left elbow. Differential diagnoses for this mineralized focus include mineralized enthesopathy, dystrophic mineralization, or, less likely, a small osseous fragment associated with an atypically positioned osteochondritis dissecans lesion.

The variant triangular morphology of the medial coronoid processes is considered an anatomical variation, as no abnormal attenuation, fissuring, or fragmentation is identified.

Given the persistence of clinical signs, repeat computed tomographic evaluation of the elbows is recommended, as lesion progression or further morphological changes may become more evident over time and assist in clarifying the diagnosis and guiding subsequent clinical management.



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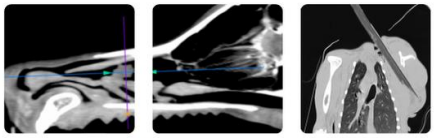

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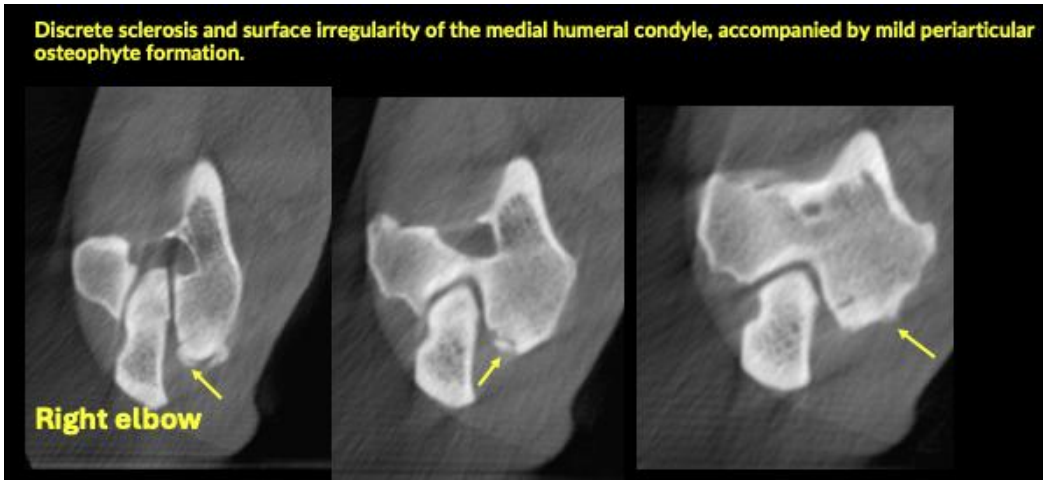

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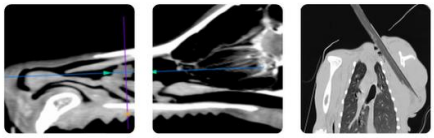

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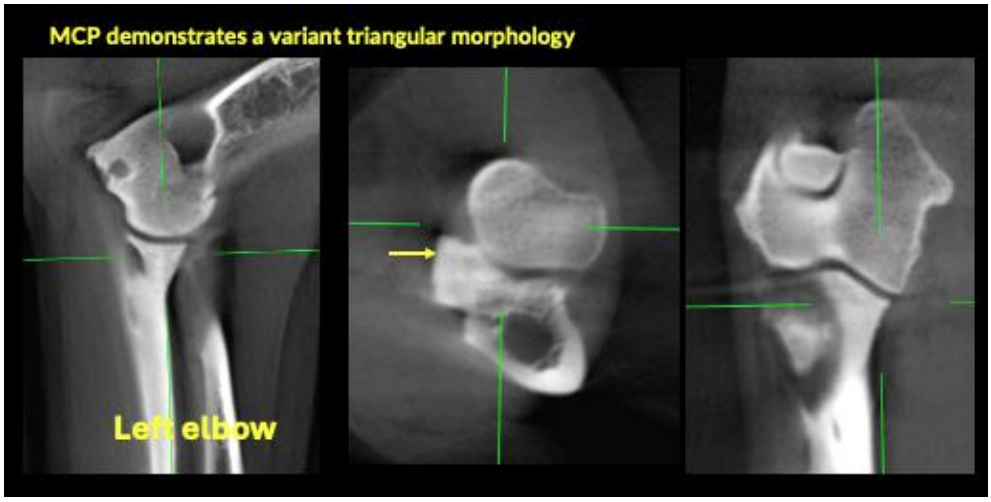

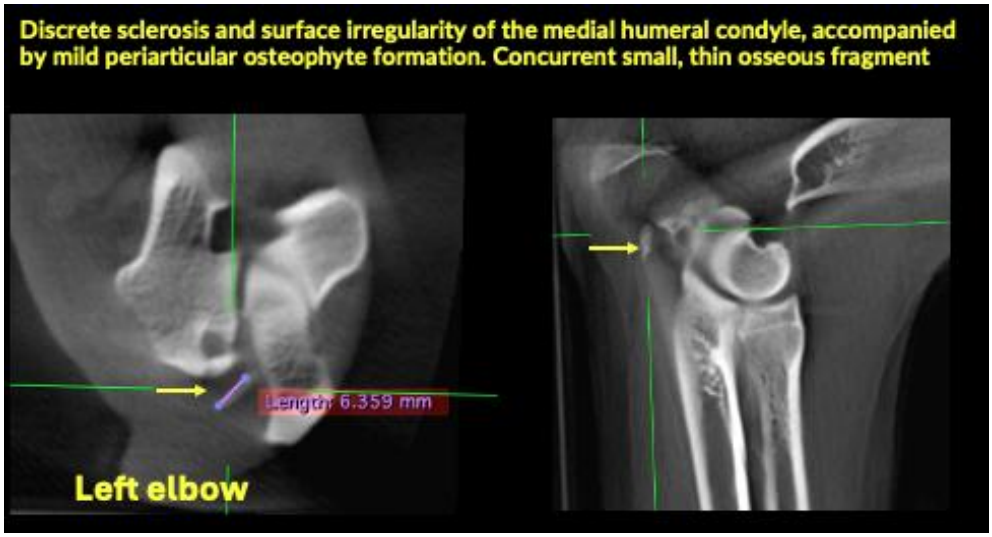

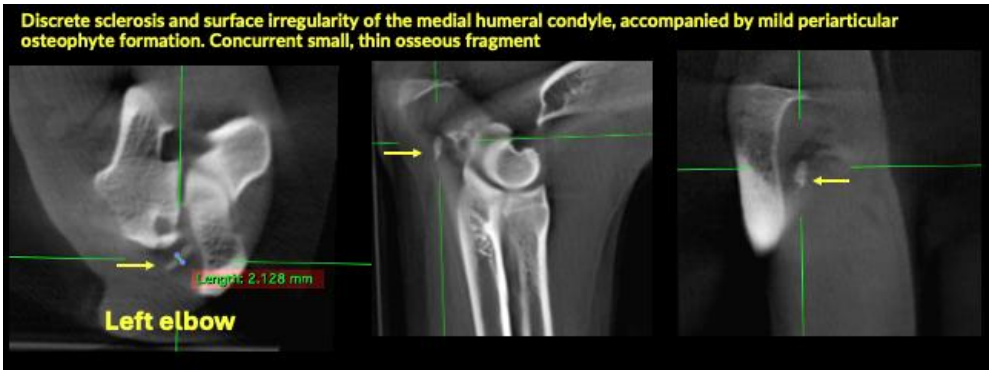

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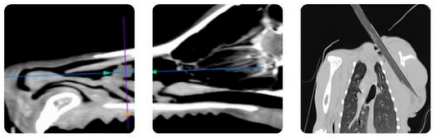

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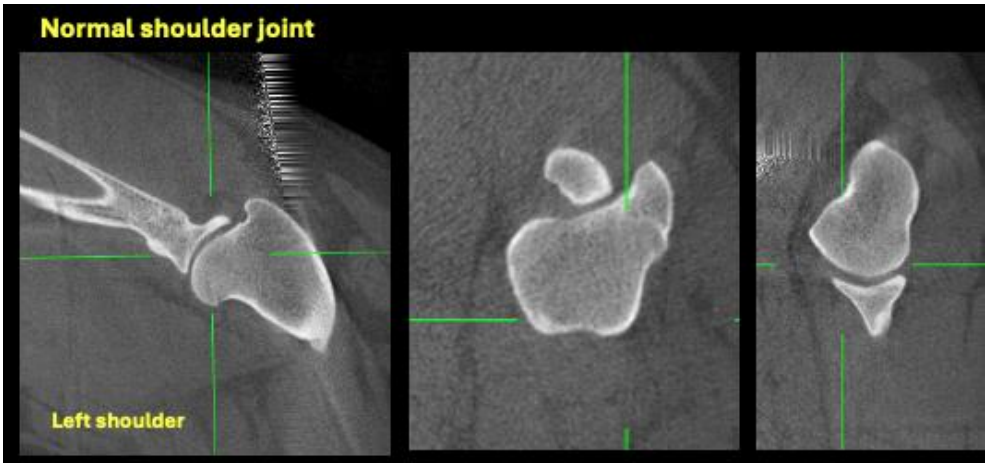

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
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