



PATIENT

Vinnie GAP

SPECIES

Canine

BREED

Greyhound

SEX

Male

AGE

6Y

WEIGHT

35.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

REFERRING VET

Dr E Klopp

INVOICE

72563

DATE

11-10-25

PRESENTING CLINICAL SIGNS

25/3/25 LEFT elbow has firm callous on point that looks very chronic and fibrosed. Mild ulceration but no pus. Not a hygroma. Joint moves well with no pain or cerpitus. Scar on medial aspect of upper left radius/elbow region - look more like healed wound than surgical scar. X-rays = mild reaction point of olecranon from callous/trauma at rest of joint and bones clean and WNL. Differential Diagnosis/Diagnosis: Left elbow callous. 11/11/25 Has had chronic Left elbow callous with infection and open wound and tissue thickening underneath. Ref vet recommend CT elbows. In prison program and reported sore on this leg. Has had 5 days doxy. Prison also reported panting and breathing issues Exam: Resp/Chest: WNL, URT clear, slight cough on rather firm tracheal pinch but only 1. Neck feels good. re-breathing test = no SOB noted, normal lung sounds and clear/even all fields M/S: WNL, gait normal. good ROM both elbows. Other findings: Left elbow has callous with chronic wound/pressure sore. No real infection or pus. Healthy granulation bed. Thickened calcaneal area but not hot or sore. Assessment/DDx: -LEFT elbow chronic pressure sore - GAP elect CT today. -Reported shortness of breath... NAD on PE today. GAP elect CT lungs. CT Elbows and Lungs

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS (ELBOWS) AND THORAX

A pre- and post-contrast CT study of the thoracic limbs (elbows) and thorax was provided for review, totaling six series: two pre-contrast series of the elbow joints (soft tissue and bone algorithms). Three pre-contrast series of the thorax (soft tissue and bone algorithms). One post-contrast series of the thorax (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

LEFT ELBOW

There is a columnar, regular to slightly irregular contour periosteal reaction involving the olecranon tuberosity with mild adjacent sclerosis. No cortical destruction or osteolytic lesions are evident.

The surrounding soft tissues are mildly thickened without hypoattenuating fluid collections, fistulous tracts, or radiopaque foreign material. No intra-articular effusion is detected.

The anconeal process, medial coronoid process, radial head, and humeral condyles are within normal limits. On multiplanar reformatted images, the elbow joint is congruent.

RIGHT THORACIC LIMB

The anconeal process, medial coronoid process, radial head, and humeral condyles are unremarkable. No periosteal reaction, lysis, or soft tissue abnormalities are identified.

On multiplanar reformatted images, the elbow joint is congruent.

THORAX

The trachea and main bronchi are within normal limits.

Pulmonary parenchyma exhibits normal attenuation and distribution, with no evidence of ground-glass opacity, nodules, or mass lesions.

The bronchial tree displays regular branching and normal wall thickness.



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The heart and pulmonary vessels are normal in size and contrast enhancement.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The mediastinal and tracheobronchial lymph nodes are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left olecranon periosteal reaction with mild adjacent sclerosis and soft tissue thickening. Differential diagnosis includes inflammatory or reactive new bone formation secondary to a chronic pressure-induced callus (pressure sore), less likely focal osteomyelitis.
- No evidence of cortical lysis, radiopaque foreign material, or fistula formation.
- Normal right elbow joint.
- Normal thoracic CT findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings show left olecranon periosteal reaction with mild adjacent sclerosis and soft tissue thickening. Differential diagnosis includes inflammatory or reactive new bone formation secondary to a chronic pressure-induced callus (pressure sore), less likely focal osteomyelitis.

A more invasive treatment approach may be considered; however, continued conservative management of the chronic pressure sore is recommended, with emphasis on offloading the olecranon region and protecting it from further trauma.

If a non-invasive therapeutic approach is pursued, close monitoring for signs of infection or progression is advised.





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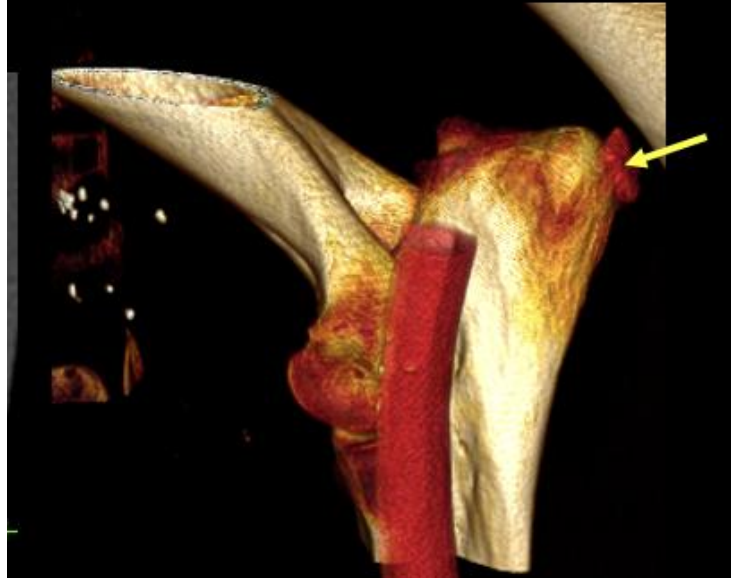
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Left olecranon periosteal reaction



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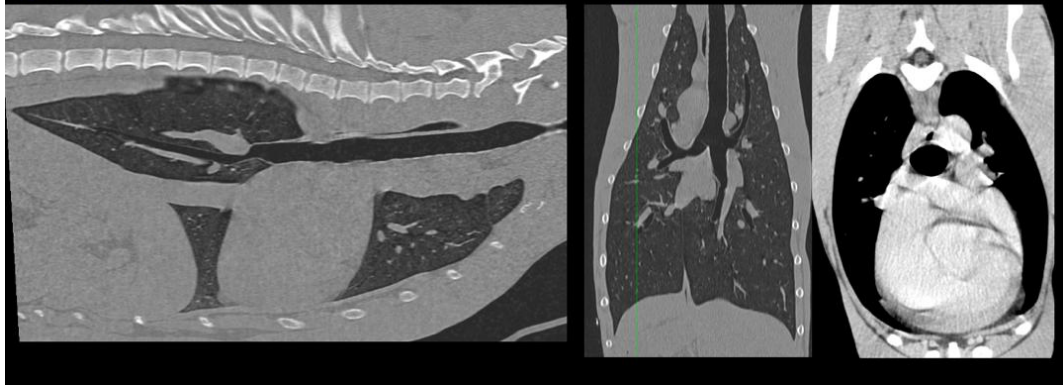
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Normal thorax



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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