



PATIENT

Maggie Loboda-Smith

SPECIES

Canine

BREED

Border Terrier

SEX

F

AGE

4Y, 9M

WEIGHT

9.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Ana

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Ana Valega

INVOICE

72745

DATE

11-25-25

PRESENTING CLINICAL SIGNS

Been limping in front leg for more than 3 months now, been treated conservatively in other vets with limited results, not even using leg since last consult, rads recommended but coming for second opinion before committing to next steps elbow dysplasia to be ruled out

Abnormal PE/Chem/CBC/UA Results: Physical Examination/Findings: BAR, unremarkable general check, lameness 9/10 on LF limb, non-painful MPL grade I in L stifle, no soft tissue anomalies in LF limb excepting mild muscle atrophy, mild discomfort on carpus full extension, consistent discomfort on L elbow extension and supination on 90 degrees flexion, rest NAD

COMPUTED TOMOGRAPHIC STUDY OF THE ELBOWS

A single, non-contrast computed tomographic study of both thoracic limbs, with emphasis on the elbow joints, was provided for review. Transverse images were acquired using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

LEFT ELBOW JOINT

Medial coronoid process, anconeal process, radial head, and humeral condyles are within normal limits.

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

Suspected soft tissue mass effect in the left axillary region, partially delineated due to absence of contrast. Estimated size: 2.3 × 1.4 cm.

Marked reduction in soft tissue volume/muscle mass in the left thoracic limb compared to the contralateral side, compatible with disuse atrophy.

Reduced bone attenuation in the distal limb.

RIGHT ELBOW JOINT

Medial coronoid process, anconeal process, radial head, and humeral condyles are within normal limits.

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

Remaining collimated limb structures are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of medial coronoid disease or other bone disease affecting the left elbow.
- Suspected soft tissue mass effect in the left axillary region (2.3 × 1.4 cm); characterization limited due to non-contrast study.
- Left thoracic limb muscle atrophy and decreased bone attenuation, likely secondary to chronic disuse atrophy.
- Right elbow joint is within normal limits.



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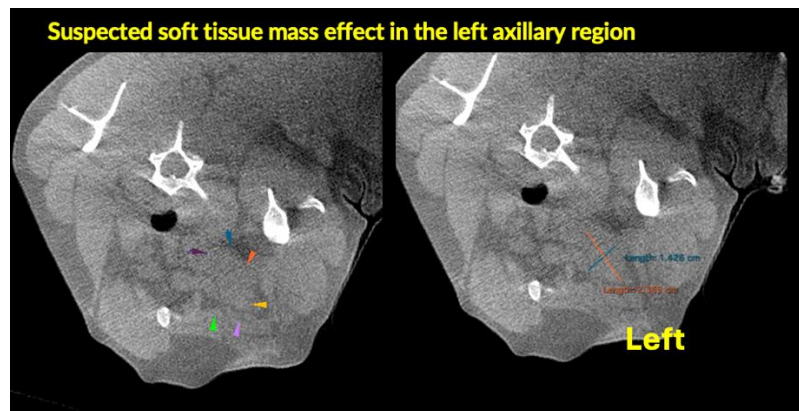
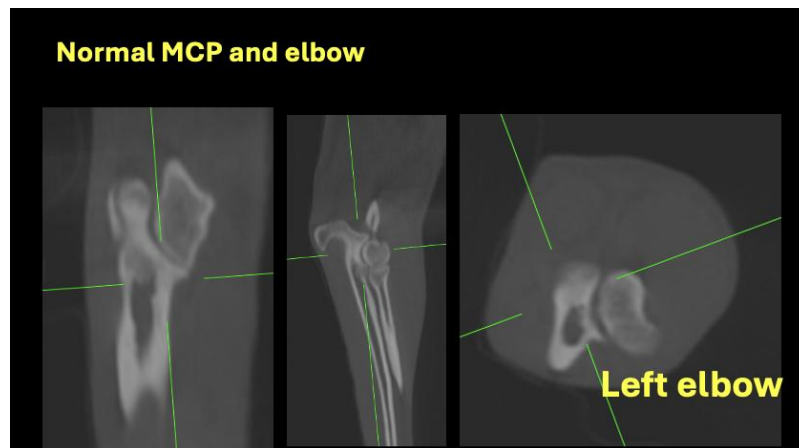
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings show a normal bone and articular structures. The left elbow joint appears structurally normal. However, there is pronounced limb disuse atrophy and decreased distal bone density, indicating chronic disuse atrophy.

There is a suspected soft tissue mass effect in the left axillary region, which cannot be adequately characterized on the non-contrast study provided. This lesion may represent soft tissue mass - neoplasia, or lymph node enlargement, and could be contributed to the limb pain or nerve compression.

Recommended next steps: Musculoskeletal ultrasonography of the axillary region for further characterization and confirmation of the mass, and if attainable, fine-needle aspiration (FNA) or biopsy. Contrast-enhanced CT of the left thoracic inlet/axilla or MRI for improved assessment.

Correlation with orthopedic and neurologic examinations to evaluate for possible brachial plexus involvement.





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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
info@sonopath.com