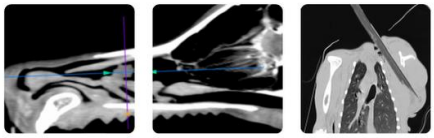

PATIENT

Cali Griffin

SPECIES

Canine

BREED

German Shepherd

SEX

SF

AGE

10Y

WEIGHT

95lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelsey McCloskey, LVT

HOSPITAL NAME

Advanced Animal Imaging

REFERRING VET

Natalie Griffin, DVM

INVOICE

72486

DATE

11-3-25

PRESENTING CLINICAL SIGNS

Patient has history of lameness on right front leg, believed to be associated with the elbow. Recently the lameness progressed significantly, and patient was unable to walk. Started on Baytril, Clavamox, and a fentanyl patch was placed. Patient also on amantadine, gabapentin, and Rimadyl. Patient has improved since antibiotics were started and fentanyl patch applied. Still very lame but able to get up and walk. Specialists recommend doing imaging of neck as well as both front legs. Patient belongs to referring DVM.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS AND NECK

A pre- and post-contrast CT study of the thoracic limbs and cervical spine was provided for review, totaling five series: one pre-contrast series of the cervical spine (bone algorithm), one post-contrast series of the cervical spine (bone algorithm), one post-contrast series of the shoulder joints (the left more peripheral; bone algorithm), one pre-contrast series of the right elbow joint (bone algorithm), and one pre-contrast series of the left elbow joint (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

Right Thoracic Limb

The right shoulder joint is congruent, without periarticular ossification.

The right elbow joint shows an ununited, irregular anconeal process with moderate periarticular ossifications. The medial coronoid process is irregular and sclerotic, with large peripheral osteophytes and/or bone fragments. Multiple periarticular osteophytes are present in the humeral condyle and cranial aspect of the radial head.
Subchondral bone sclerosis and microcystic changes are noted along the trochlear notch of the ulna.

The long bones exhibit diffuse osteopenia.

Left Thoracic Limb

The left shoulder joint is congruent, without periarticular ossification.

The left elbow joint demonstrates discrete sclerosis and marginal osteophytes of the medial coronoid process. Mild osteophyte formation is also noted along the humeral condyle, dorsal aspect of the anconeal process, and radial head.

Cervical Spine

Normal vertebral count (C1–C7) and alignment are observed.

Mild to moderate new bone proliferation is seen at the dorsal articular processes of C4–C5 (more pronounced) and C5–C6, causing dorsal compression of the spinal cord at C4–C5.
Intervertebral disc spaces are within normal limits.

Incomplete bridging spondylosis deformans is noted at C2–C3 vertebral endplates.

There are multifocal incidental dural mineralizations.

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In the collimated thoracic region, multifocal subpleural hyperattenuating foci are observed, consistent with incidental pulmonary osteomas.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right elbow joint: Ununited anconeal process with moderate periarticular osteophytosis, sclerosis, and subchondral microcysts, concurrent fragmented medial coronoid disease — consistent with advanced elbow dysplasia and secondary degenerative changes.
- Left elbow joint: Mild medial coronoid process sclerosis and periarticular osteophytosis — consistent with medial compartment disease, and mild secondary degenerative changes.
- Cervical spine: Dorsal articular process proliferations at C4–C5 and C5–C6 resulting in mild dorsal spinal cord compression at C4–C5, which may be associated with cervical spondylomyelopathy.
- Mild C2–C3 spondylosis deformans, likely incidental.
- Multifocal dural mineralizations and subpleural pulmonary osteomas, incidental.
- Diffuse right thoracic limb osteopenia, possible disuse.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

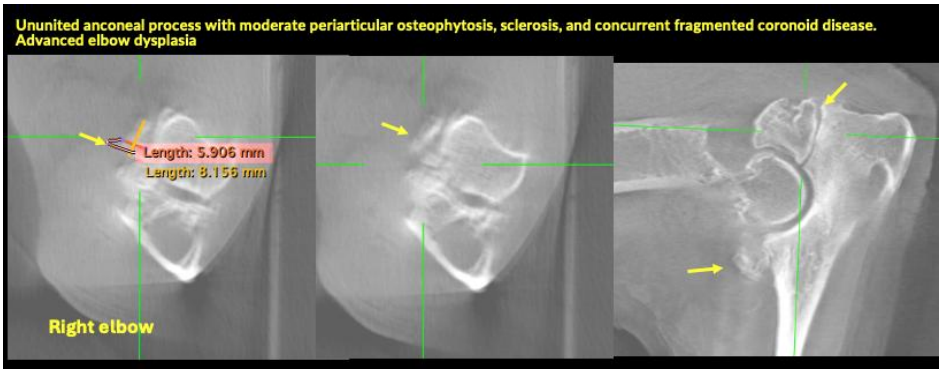
The tomographic findings demonstrate bilateral elbow dysplasia, more advanced on the right side, characterized by an ununited anconeal process and concurrent fragmented medial coronoid process with secondary osteoarthrosis. The left elbow shows milder degenerative likely correlated with medial coronoid disease.

Additionally, dorsal articular process proliferations at C4–C5 and C5–C6 are producing mild dorsal spinal cord compression at C4–C5, which may contribute to concurrent cervical pain or neurologic deficits, possibly associated with cervical spondylomyelopathy.

If neurological signs are detected, consider MRI of the cervical spine to further characterize the degree of spinal cord compression and assess for potential intramedullary changes associated with cervical spondylomyelopathy.

Diffuse osteopenia of the right thoracic limb likely represents disuse atrophy secondary to chronic lameness.

Recommendations: Maintain multimodal analgesia and anti-inflammatory therapy as clinically indicated. Consider physiotherapy.



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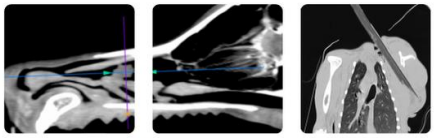

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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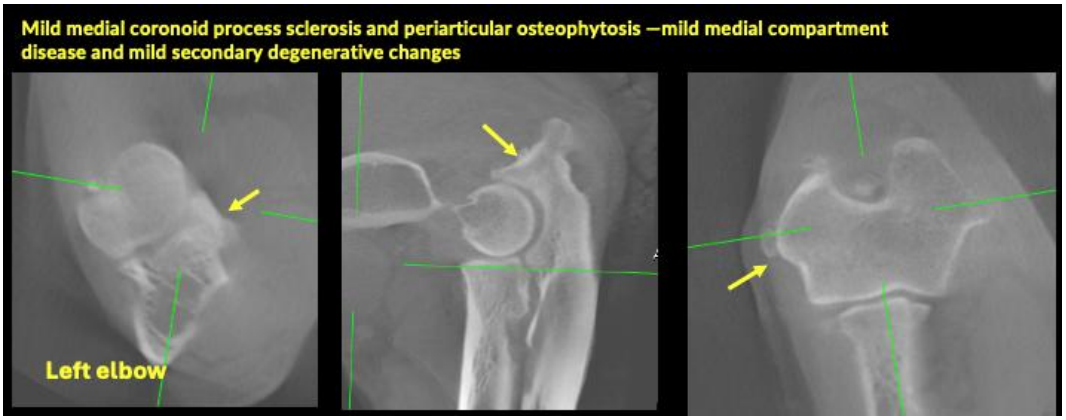

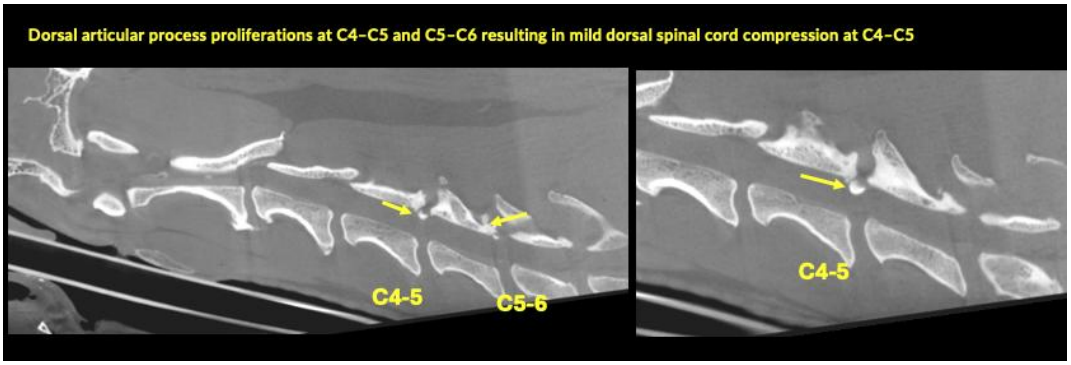

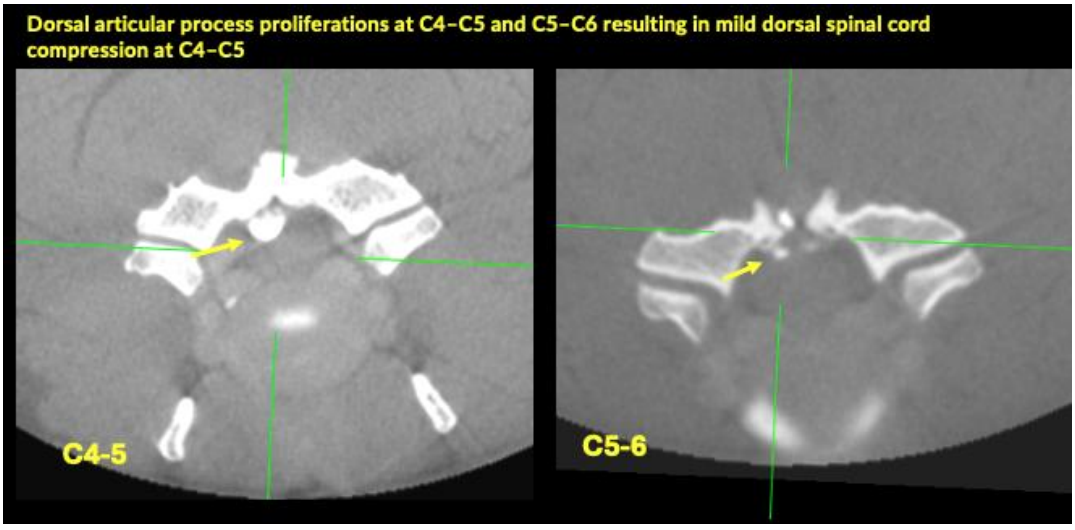

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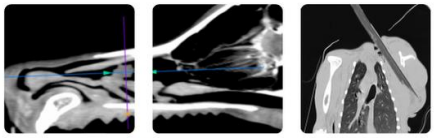

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com