



PATIENT

Bertie Everett-Goodman

SPECIES

Canine

BREED

Greyhound

SEX

Male

AGE

4

WEIGHT

27kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Olivia Jarvis RVN

HOSPITAL NAME

Animal Trust -
Ellesmere Port

REFERRING VET

Dylan Payne

INVOICE

72941

DATE

12-10-25

PRESENTING CLINICAL SIGNS

exercise - rested at the moment, prior to this running around the house and field behind house. fits/faints - none heart issues - none reported current meds - was on meloxicam but stopped as had black faeces, cimetidine allergies - meloxicam previous GAs/sedations - no concerns, recovered fine travel - none current problem - over a year ago started limping on LF, used to be present all the time, improves with rest but recurs on resumption of exercise, o describes 6/10 lame when most lame, but will use it and limp, settles after a couple of days. Has had rest now for 3 weeks and has significantly improved. BAR in self, DUDE normally, been a bit off lately as has had kennel cough for a couple of weeks, has improved but not yet resolved. No vomiting/diarrhoea/coughing/sneezing. Had neutrophilic cytology on previous joint tap but no improvement with antibiotics. Exam: BAR, mms pink and moist, crt 1-2, thoracic ausc not performed today, abdo palp NAD, ortho ex: 1/10 LF lame at walk, spinal palp NAD, neuro ex NAD, HLs NAD, RF NAD, LF mild carpal effusion but no instability. Dx: left carpal chronic lameness and effusion Disc findings, recc CT LF pre and post contrast, tap left carpus again, ideally lyme disease serology too and CRP if neutrophilic again. Currently has kennel cough and doing well with rest so o would like to rest a bit longer then gradually inc activity over several weeks and will call to book CT and joint tap if lameness recurs. Est 1500 for CT and investigations

COMPUTED TOMOGRAPHIC STUDY OF THE LEFT THORACIC LIMB

Pre- and post-contrast CT series of the left antebrachial and carpal regions were provided for review, acquired in transverse plane using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

Left Antebrachial & Carpal Joints

Multifocal periarticular osteophytosis is present, affecting primarily the distal radius, distal ulna, intermedioradial carpal bone, and ulnar carpal bone.

Moderate subchondral cystic lesions are identified within the distal radius and ulna and within the intermedioradial and ulnar carpal bones. Moderate intra-articular soft tissue swelling and mild periarticular soft tissue swelling are noted.

The antebrachial, carpal, and metacarpal joints maintain normal alignment.

The metacarpus and phalanges are within normal limits.

The humeroradial and humeroulnar joints appear normal. The medial coronoid processes and anconeal process are intact.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal periarticular osteophytosis with moderate subchondral cystic lesions are identified within the antebrachial and carpal joints. Concurrent moderate intra-articular soft tissue swelling and mild periarticular soft tissue swelling are present. Differential diagnoses include erosive arthritis; consider underlying causes of polyarthritis or exacerbated degenerative joint disease.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings demonstrate multifocal periarticular osteophytosis with moderate subchondral cystic lesions involving the antebrachial and carpal joints. These changes raise concern for a possible erosive arthropathy. Differential diagnoses include erosive immune-mediated arthritis and other causes of polyarthritis or exacerbated degenerative joint disease.

Potential underlying causes of polyarthritis include immune-mediated erosive arthritis, including a possible greyhound-associated variant, infectious polyarthritis, such as tick-borne disease (e.g., Lyme disease) or, depending on geographic risk, leishmaniosis, fungal arthritis, less likely bacterial.

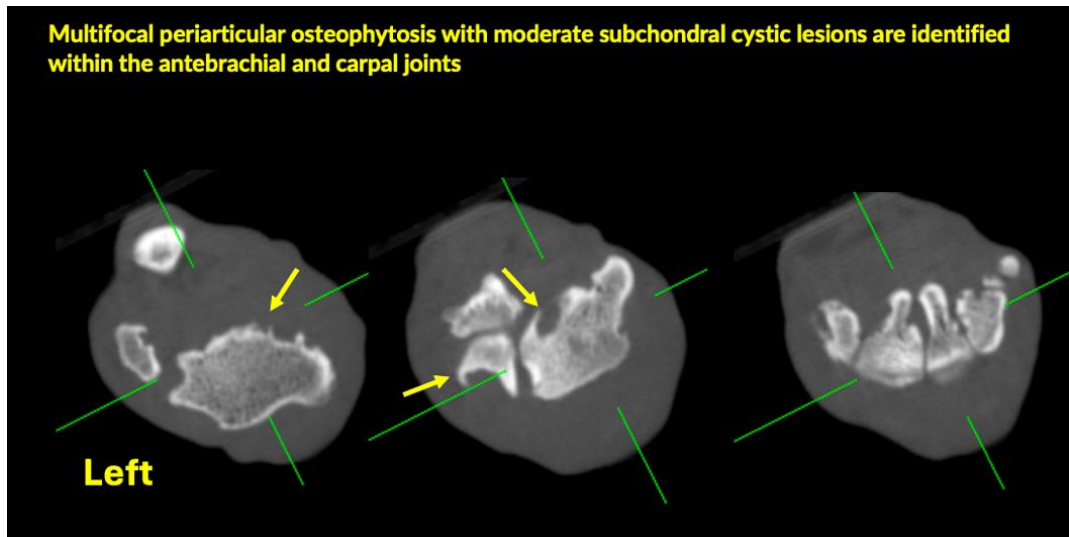
Consider repeat arthrocentesis of the affected carpal joint for cytology and culture.

Consider submitting serum samples for tick-borne disease testing (Anaplasma, Ehrlichia, Borrelia) and Leishmania.

TECHNICAL COMMENTS

Only the left limb scan was provided for evaluation.

Multifocal periarticular osteophytosis with moderate subchondral cystic lesions are identified within the antebrachial and carpal joints





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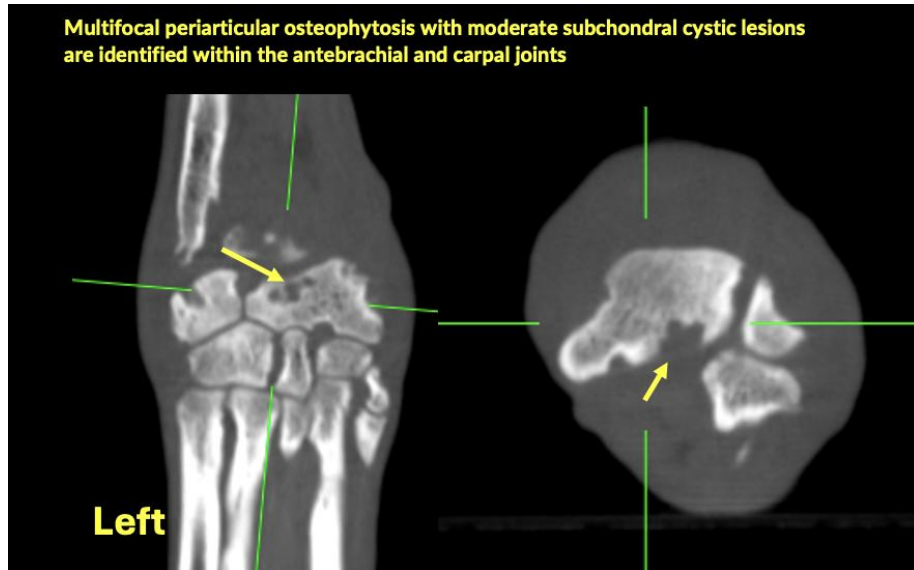
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Multifocal periarticular osteophytosis with moderate subchondral cystic lesions are identified within the antebrachial and carpal joints



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