



PATIENT

Buddy Douglass

SPECIES

Canine

BREED

Cross Breed

SEX

M

AGE

2Y, 5M

WEIGHT

30.30kg

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

73685

DATE

2-10-26

PRESENTING CLINICAL SIGNS

- External referral. OR ongoing issues with lameness on front limbs
- has had X-rays done in August - shown very little changes on L elbow and carpus; R elbow was normal; Buddy now in a situation where every time after heavy walks/exercise starts to be lame the day after
- at exam no significant pain noticed on elbow manipulation, some crepitus on carpus bilateral - R>L accepts shoulder flexion/extension; noticed evident abduction of RF limb - R carpus also change on toe positioning - not properly weight bearing on RF; seems comfortably today weight bearing on LF

Abnormal PE/Chem/CBC/UA Results: WNL

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS - ELBOW JOINTS

A pre and post-contrast computed tomographic examination of the elbow joints are provided for review totaling 3 series. Two pre-contrast series of the elbow joints (bone algorithm). One post-contrast series of the elbow joints (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

Left Elbow Joint

There is suspicion of a discrete peripheral osseous fragment involving the medial coronoid process, measuring approximately 1.7 mm.

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

The anconeal process and trochlear notch are unremarkable.

There is no evidence of degenerative joint disease.

The humeral condyles demonstrate normal morphology and attenuation.

Right Shoulder & Elbow Joints

The medial coronoid process is within normal limits.

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

The anconeal process and trochlear notch are unremarkable.

There is no evidence of degenerative joint disease.

The humeral condyles demonstrate normal morphology and attenuation.

Within the collimated antebrachial/carpal region, and more evident when compared with the contralateral limb, there is suspicion of a small chip fragment detached from the intermedioradial carpal bone, located at the palmar surface adjacent to the carpal groove region, measuring approximately 2.0 mm. There is no clear evidence of associated joint swelling.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left elbow: There is suspicion of a discrete peripheral osseous fragment involving the medial coronoid process. The primary differential diagnosis is medial coronoid disease (fragmented medial coronoid process), without evidence of associated joint incongruity or secondary degenerative changes.
- Right elbow: No tomographic abnormalities detected.
- Right carpus: Suspected small osseous chip fragment arising from the intermedioradial carpal bone at the palmar aspect, of uncertain clinical significance.

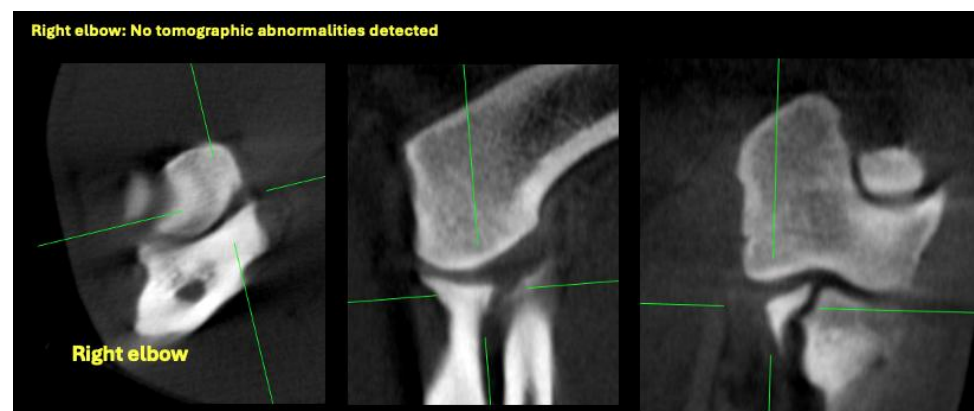
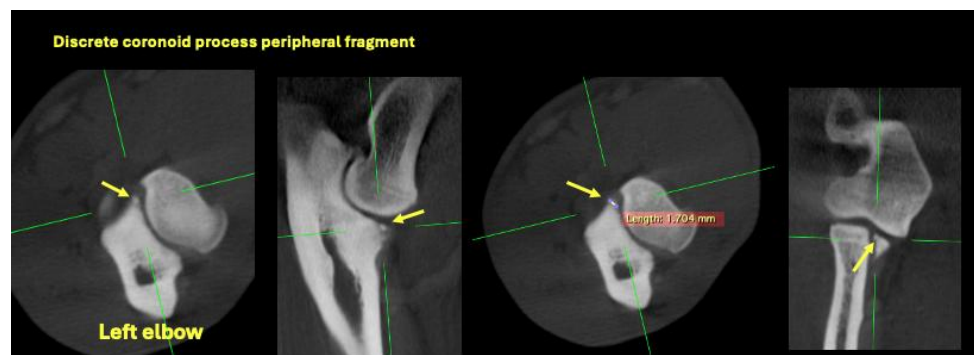
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings raise suspicion of a discrete peripheral osseous fragment involving the medial coronoid process. The primary differential diagnosis is medial coronoid disease (fragmented medial coronoid process), without evidence of associated joint incongruity or secondary degenerative changes. This finding may correlate with the patient's history of exercise-induced forelimb lameness.

The right elbow is unremarkable on CT examination.

The suspected small carpal chip fragment on the right side may represent an incidental finding or a potential contributor to the altered weight bearing and toe positioning described clinically, and correlation with orthopedic examination and clinical signs is recommended.

Orthopedic consultation is recommended.





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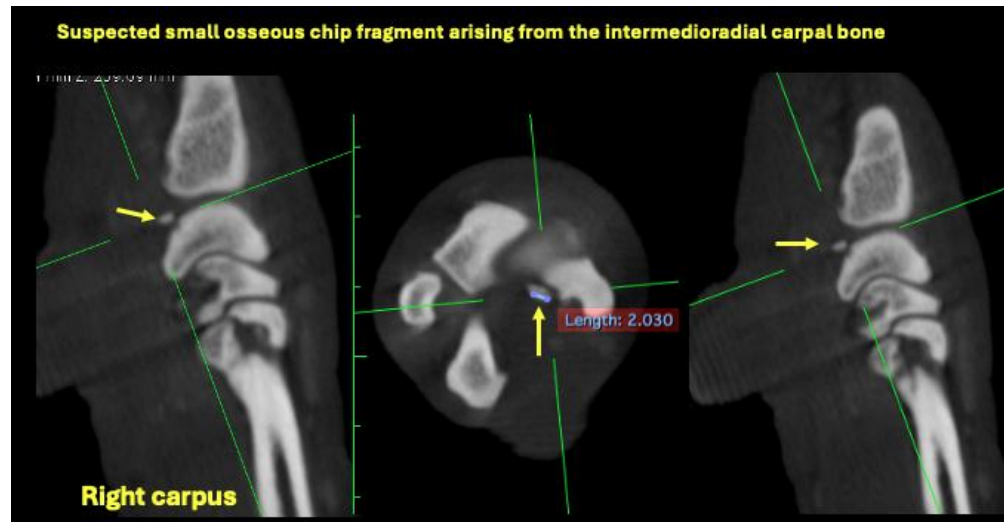
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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