



PATIENT

Merlin Domenico

SPECIES

Canine

BREED

Labrador Retriever

SEX

M

AGE

2 Years

INTERPRETED BY

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

HOSPITAL NAME

Animal Health
Partners

REFERRING VET

Dr Jeffery Biskup

INVOICE

56979

DATE

2-28-23

PRESENTING CLINICAL SIGNS

Recheck Exam: A right humeral fracture repair procedure was performed on 2/1/21 , with a total anticipated recovery of 12 weeks. Admitted for bilateral elbow + shoulder CT Feb 28 2023
forelimbs: No digital crepitus or pain. No carpal effusion, normal range of motion. Pain on flexion and extension of bilateral elbows, no pain on coronoid palpation. No pain on shoulder extension or flexion. pelvic limbs: No pain on digital or hock palpation/range of motion. No instability, creptius, or effusion of stifle. No laxity of patella. No pain on hip range of motion or abduction.

COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT AND LEFT THORACIC LIMBS

Two CT series of the thoracic limbs, without contrast media are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Right Thoracic Limb

Heterogeneity, irregularity, and diminished attenuation are seen in the medial coronoid process. In addition, an osteophyte or/and small fragment is noted.

There is subchondral bone sclerosis and microcysts along the trochlear notch of the ulna and radial and ulnar incisures. A subchondral bone defect is seen at the medial humeral condyle.

There are periarticular osteophytes in the humeral epicondyles and condyles, cranial aspect of the radial head, and minor at the proximal margin of the anconeal process of the ulna.

The humerus fracture line is no longer visible, however, a small interruption of the mid-diaphysis cortex is seen and correlated to a metallic implant. Other small metallic implants are seen in the medullary cavity. Mild antecurvatum alignment is seen.

The shoulder joint is normal.

Left Thoracic Limb

Minor heterogeneity and diminished attenuation of the medial coronoid process is seen. No evidence of subchondral bone sclerosis along the trochlear notch of the ulna and radial incisures.

Minor periarticular osteophytes in the humeral epicondyle, cranial aspect of the radial head, and proximal margin of the anconeal process of the ulna are seen.

The dorsal and long-axis plane images show no significant radioulnar incongruency.

The shoulder joint is normal.

The collimated cervical spine is normal.

The thoracic collimated structures are normal.



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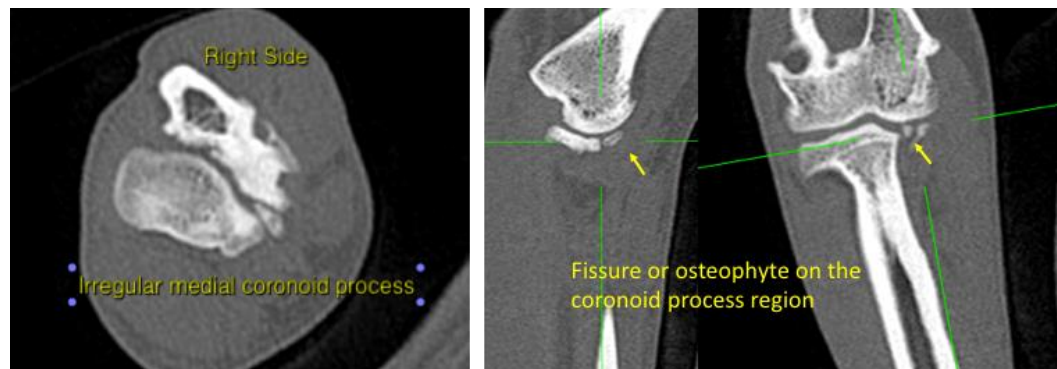
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right medial coronoid pathology with fragmentation, kissing lesion, and severe secondary osteoarthritis.
- Left medial coronoid pathology without fragmentation and mild secondary osteoarthritis.
- Mild right humerus malunion and mild antecurvatum alignment.
- Visible retained metallic implants. However, no evidence of cortical or medullary irregularities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are correlated to the clinical signs of pain on flexion and extension of the bilateral elbows. Fragmented coronoid process disease is evident, more severe on the right side, and is associated with secondary osteoarthritis. The malunion and consequent malalignment of the limb possibly caused a more severe elbow incongruity and exacerbated the coronoid fragmented disease.

On the left side, the tomographic findings are tenuous, with minor evidence of secondary osteoarthritis.



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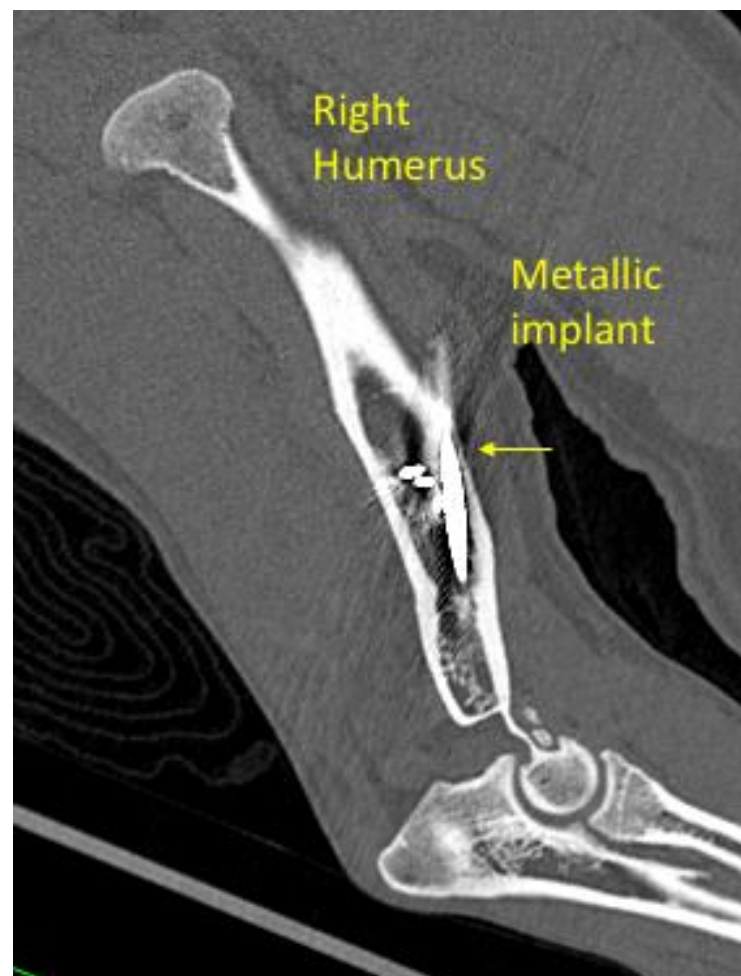
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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