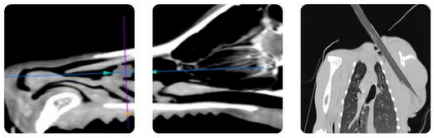


PATIENT

Charli Pich

SPECIES

Canine

BREED

Chihuahua Mix

SEX

FS

AGE

3

WEIGHT

7.3

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Infernuso

INVOICE

73615

DATE

2-4-26

PRESENTING CLINICAL SIGNS

Assess angular Limb deformity

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

A single non-contrast computed tomographic examination of both thoracic limbs, including the shoulder and elbow joints, was provided for review. Images were acquired in transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Left Shoulder & Elbow Joint

At the mid to distal radial diaphysis, there is mild translational alignment of a callus, consistent with a healed fracture. No discrete fracture line is currently visible; however, a small residual cortical defect is present along the medial cortical surface.

Five small, circular cortical tracts are identified, consistent with prior orthopedic fixation device placement.

The ulna shows two distinct osseous defects involving the proximal and distal diaphysis, characterized by well-defined gaps with tapered, sclerotic margins, without evidence of bridging callus formation. The proximal measures 7.4 mm and the distal measures 8.1 mm length.

On dorsal and sagittal reformatted images, there is elbow joint incongruity.

The medial coronoid process is irregular in shape.

Osteophyte formation is present along the lateral coronoid process.

The anconeal process exhibits mild dorsal osseous proliferation.

Mild periarticular osteophytes are also noted along the humeral condyles.

The scapulohumeral joint is within normal limits.

The radius, ulna, antebrachial joint, and carpal joint demonstrate diffuse osteopenia.

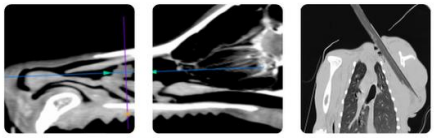
There is reduction in muscle volume of the left thoracic limb when compared to the contralateral side, consistent with muscular atrophy.

Right Shoulder & Elbow Joint

The medial coronoid process appears rounded, considered a likely individual anatomic variation, with no evidence of fragmentation.

On dorsal and sagittal reformatted images, there is humeroradial incongruity, while the humeroulnar joint remains congruent.

The anconeal process and trochlear notch are unremarkable.



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The radius is relatively longer than the ulna and exhibits a mild cranial bowing appearance.

The humeral condyles, antebrachial joint, and carpal joint are within normal limits.

The scapulohumeral joint is within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Left thoracic limb:

- Mild radial valgus deformity with changes consistent with a healed mid-distal radial fracture. Evidence of prior orthopedic fixation.
- Oligotrophic nonunion osseous defects of the ulna, likely iatrogenic.
- Elbow joint incongruity with associated degenerative joint disease, including coronoid process irregularity and periarticular osteophytosis.
- Diffuse osteopenia and muscle atrophy, likely secondary to chronic disuse or altered biomechanics.

Right thoracic limb:

- Mild humeroradial incongruity. Relative longer than the ulna and exhibits a mild cranial bowing appearance, without associated degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings of the left thoracic limb demonstrate mild radial valgus deformity, a healed mid-to-distal radial fracture, and evidence of prior orthopedic fixation, with concurrent oligotrophic nonunion defects of the ulna, likely iatrogenic in origin. Elbow joint osteoarthrosis, disuse-related osteopenia, and muscle mass atrophy are also present.

The right thoracic limb demonstrates mild elbow incongruity and relative radial overlength compared to the ulna, without evidence of significant degenerative joint disease.

TECHNICAL COMMENTS

Non-extended positioning of the thoracic limbs during the examination may affect evaluation of limb alignment.

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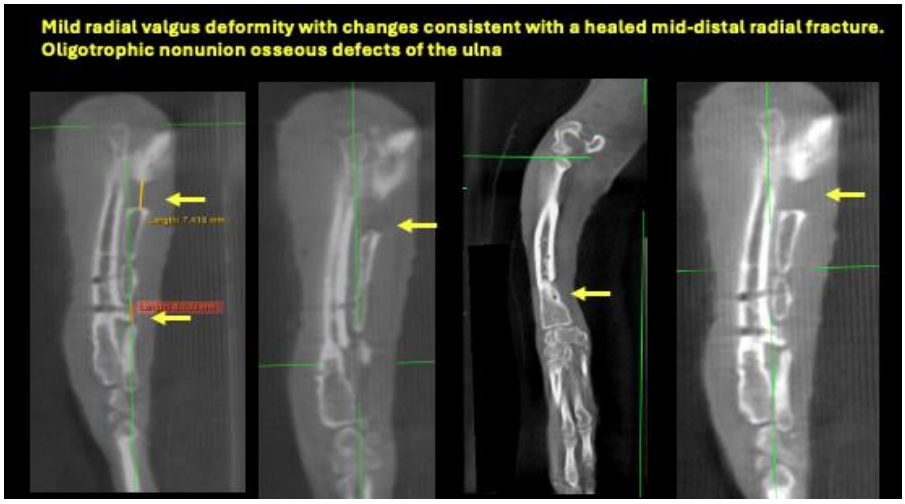

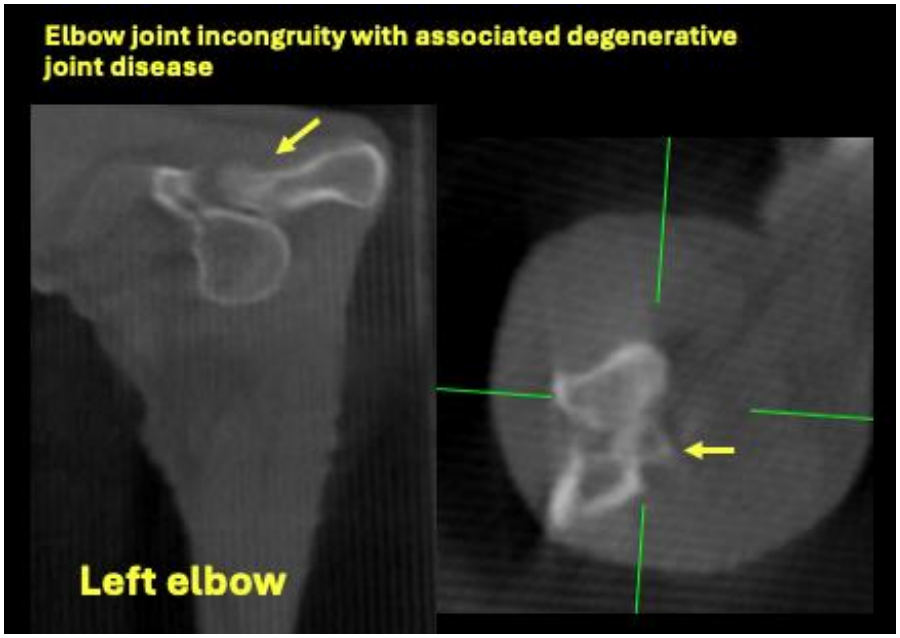

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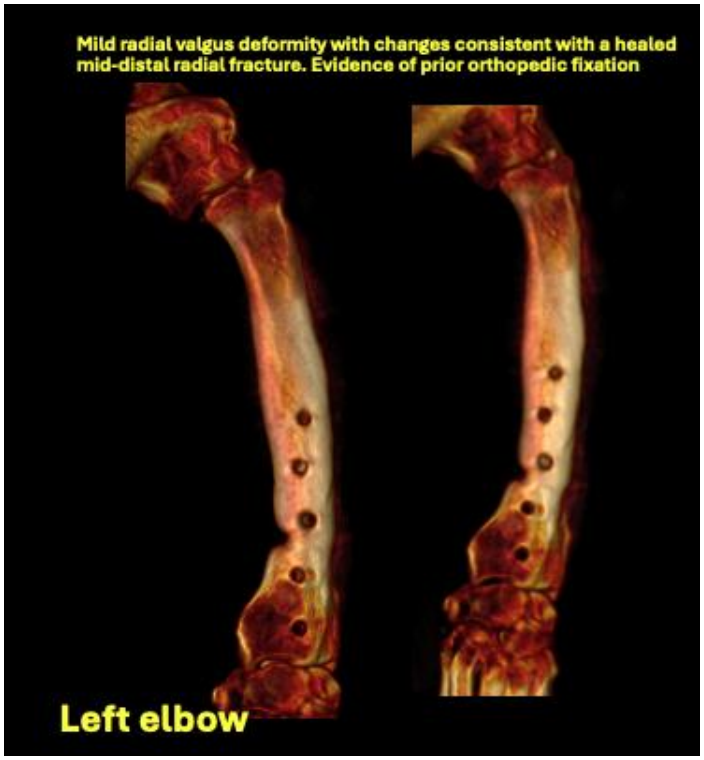

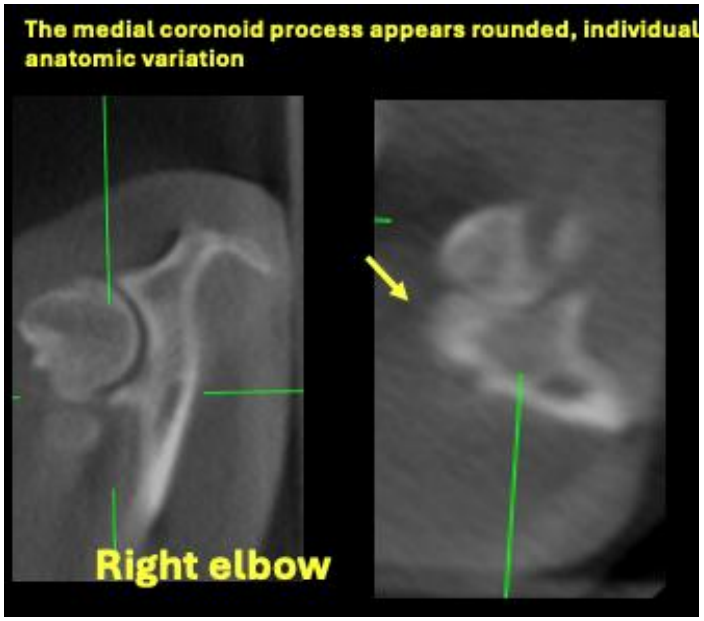

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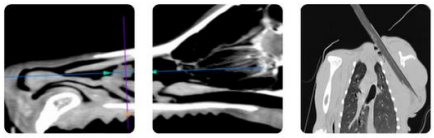

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SonoPath.com info@sonopath.com 1.800.838.4268

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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