



PATIENT

Valentina Tripodi

SPECIES

Canine

BREED

American Staffordshire
Terrier

SEX

Female Spayed

AGE

14Y

WEIGHT

28.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

VR

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Faro

INVOICE

74129

DATE

3-10-26

PRESENTING CLINICAL SIGNS

P limping on R forearm. Majority on R shoulder joint

RADIOGRAPHIC STUDY OF THE RIGHT THORACIC LIMBS

Orthogonal radiographic views of the right thoracic limb are available for review, totaling three images: two oblique craniocaudal projections and one mediolateral projection.

RADIOGRAPHIC FINDINGS

RIGHT THORACIC LIMB – SHOULDER JOINT

There is mild cortical margin irregularity and focal soft tissue mineralization along the caudal aspect of the right shoulder joint, specifically adjacent to the margin of the glenoid cavity, suggestive of early osteophyte formation.

The remaining visible portions of the scapula are within normal radiographic limits.

Within the proximal humerus, mild subchondral sclerosis is present along the caudal aspect of the humeral head. Mild sclerosis is also noted along the bicipital groove.

A subtle mottled appearance is observed within the proximal humeral metaphysis without evidence of cortical lysis or aggressive periosteal reaction.

Within the collimated right elbow joint, the apex of the medial coronoid process appears mildly blunted. Additionally, there is mild irregularity along the dorsal margin of the anconeal process.

No evidence of acute traumatic osseous injury is identified.

No asymmetric soft tissue swelling is observed.

No radiographic evidence of aggressive bone disease is identified.

RADIOGRAPHIC DIAGNOSIS

- Mild degenerative joint disease of the right shoulder joint, characterized by suspected small osteophyte formation along the caudal margin of the glenoid cavity and mild subchondral sclerosis of the caudal humeral head.
- Sclerosis of the bicipital groove, which may be associated with bicipital tendinopathy.
- Subtle mottled appearance of the proximal humeral metaphysis without evidence of cortical lysis or aggressive osseous changes. Differential considerations include superimposition/artifact or early osseous pathology, for example incipient neoplasia especially considering the patient's age.
- Mild degenerative changes of the right elbow joint, including blunting of the medial coronoid process apex and mild irregularity of the dorsal anconeal process, raising suspicion for medial compartment disease (medial coronoid disease) with mild elbow osteoarthritis.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings demonstrate mild degenerative joint changes involving both the right shoulder and elbow joints, as well as possible bicipital tendinopathy, which may correlate with the patient's clinical presentation of right thoracic limb lameness.

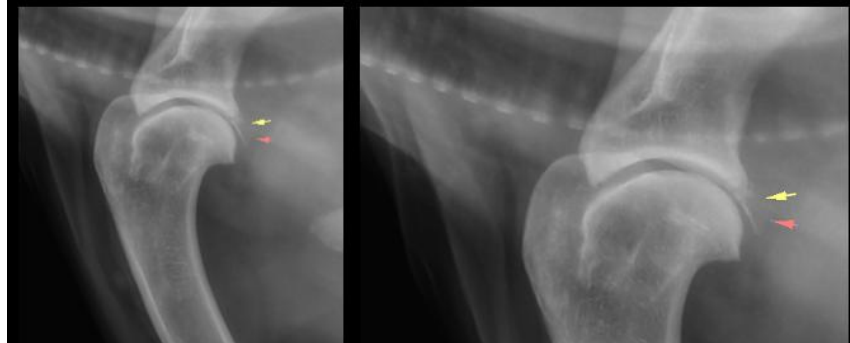
The subtle mottled appearance observed in the proximal humeral metaphysis may represent artifactual superimposition. However, considering the patient's age, a follow-up radiographic examination in 7–10 days is recommended to assess for interval change. Alternatively, computed tomography (CT) may be performed for further characterization and to help exclude more significant osseous pathology, such as early-stage bone neoplasia.

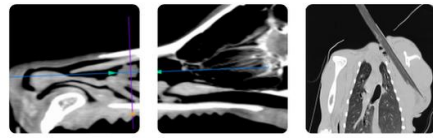
Further evaluation of the regional soft tissues may be considered, including musculoskeletal ultrasonography or magnetic resonance imaging (MRI).

TECHNICAL COMMENTS

Radiographs of the left thoracic limb were not provided for evaluation.

Right shoulder joint: mild irregularity of the caudal glenoid cavity margin with focal mineralization





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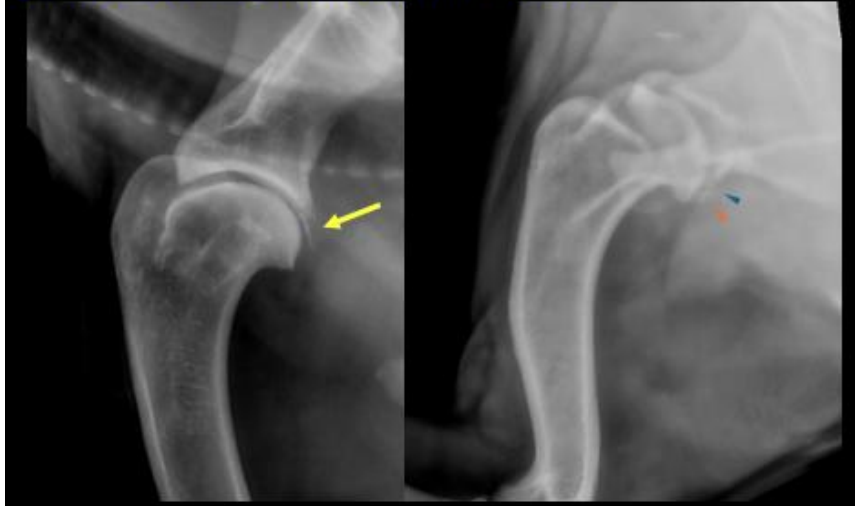
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**Right shoulder joint: mild irregularity of the caudal
glenoid cavity margin with focal mineralization**



Mild sclerosis is noted along the bicipital groove





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**Right elbow joint showing blunting of the
apex of the medial coronoid process**



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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.

IMAGING PERFORMED BY

VR

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

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