



PATIENT

Olivia Geltman

SPECIES

Canine

BREED

Golden Retriever

SEX

FS

AGE

1

WEIGHT

24

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Kam

INVOICE

74157

DATE

3-11-26

PRESENTING CLINICAL SIGNS

history of intermittent left thoracic limb lameness

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

Non-contrast CT examination of both elbow and shoulder joints is provided for review, totaling three series. Transverse plane, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Left Elbow Joint

There is a focal area of decreased attenuation at the apex of the medial coronoid process. Mild irregularity of the adjacent subchondral bone is also noted at the radial notch.

The anconeal process is intact.

On dorsal and sagittal reformatted images, the humeroulnar and humeroradial joints appear congruent, with no evidence of elbow joint incongruity.

The humeral condyles are unremarkable.

No abnormalities are detected in the periarticular soft tissues.

Left Shoulder Joint

A tiny mineral focus is identified along the margin of the intertubercular groove of the proximal humerus.

The scapulohumeral joint is congruent. No subchondral bone defects or osteochondral lesions are identified.

Right Elbow Joint

The medial coronoid process and anconeal process are within normal limits.

On dorsal and sagittal reformatted images, the elbow joint is congruent with normal alignment.

The humeral condyles are unremarkable.

No abnormalities are detected in the adjacent soft tissues.

Right Shoulder Joint

No evidence of subchondral bone abnormality is identified.

The scapulohumeral joint is congruent.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

Left thoracic limb:

- Focal decreased attenuation at the apex of the left medial coronoid process with mild irregularity of the subchondral bone in the radial notch, findings are suspicious for early medial coronoid disease (medial compartment disease).
- Tiny mineral focus at the intertubercular groove of the left shoulder, of uncertain clinical significance. Differential considerations include incipient mineralization associated with bicipital tendinopathy (synovial sheath) or incidental dystrophic mineralization.

Right thoracic limb:

- Right elbow and shoulder joints within normal tomographic limits.

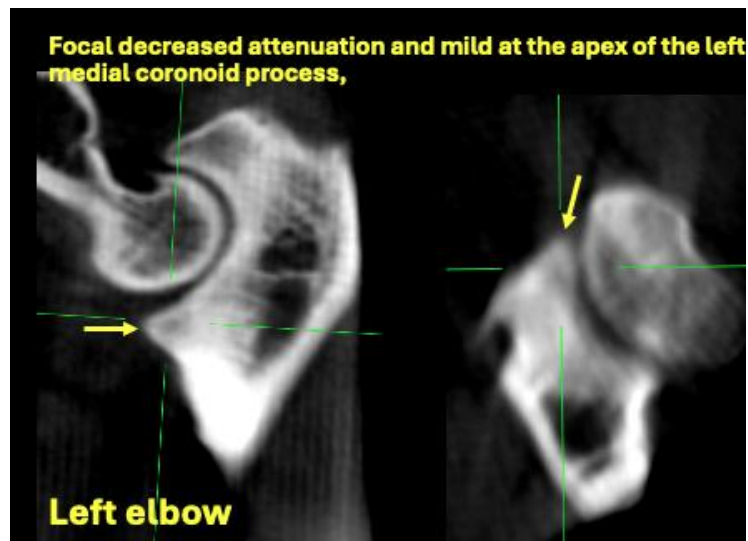
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings in the left elbow are suspicious for early medial coronoid disease. At this stage, a discrete displaced fragment is not clearly identified; therefore, the changes may represent early subchondral bone pathology.

Correlation with the patient's orthopedic examination and lameness localization is recommended. Arthroscopy may be considered for definitive evaluation and potential therapeutic management if clinical signs persist.

The small mineral focus within the left intertubercular groove may represent early mineralization associated with the biceps tendon sheath tendinopathy, or an incidental finding. Clinical correlation for signs of bicipital tendinopathy is recommended.

No clinically significant abnormalities are identified in the right thoracic limb.





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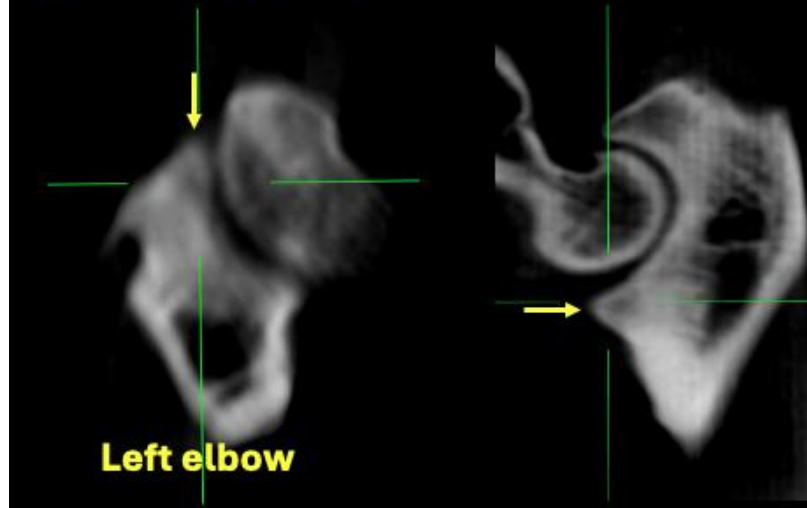
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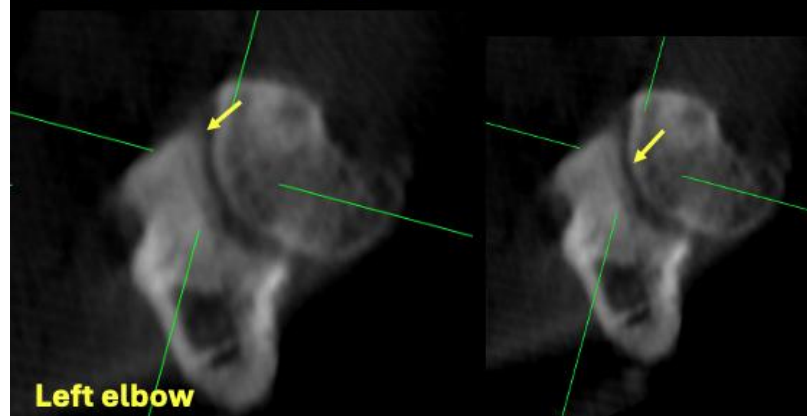
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Focal decreased attenuation and mild at the apex of the left medial coronoid process,



Focal decreased attenuation and mild at the apex of the left medial coronoid process,





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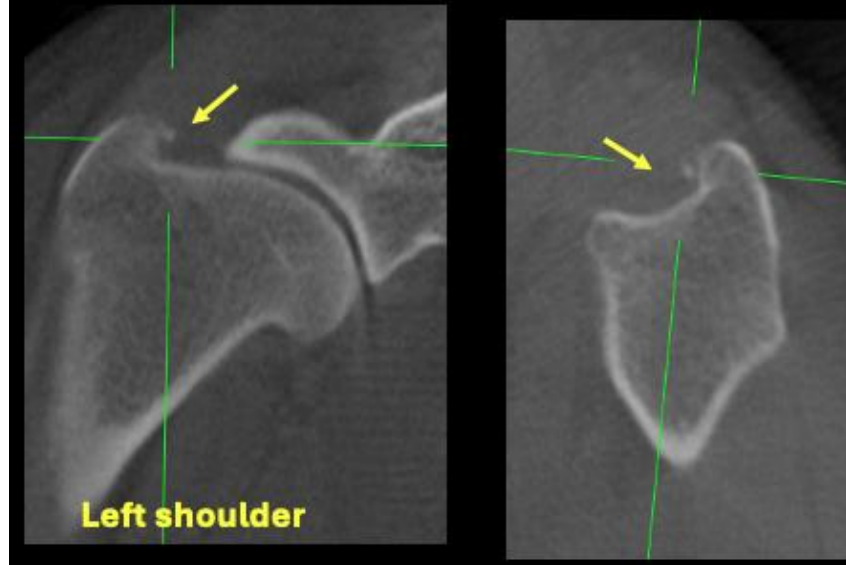
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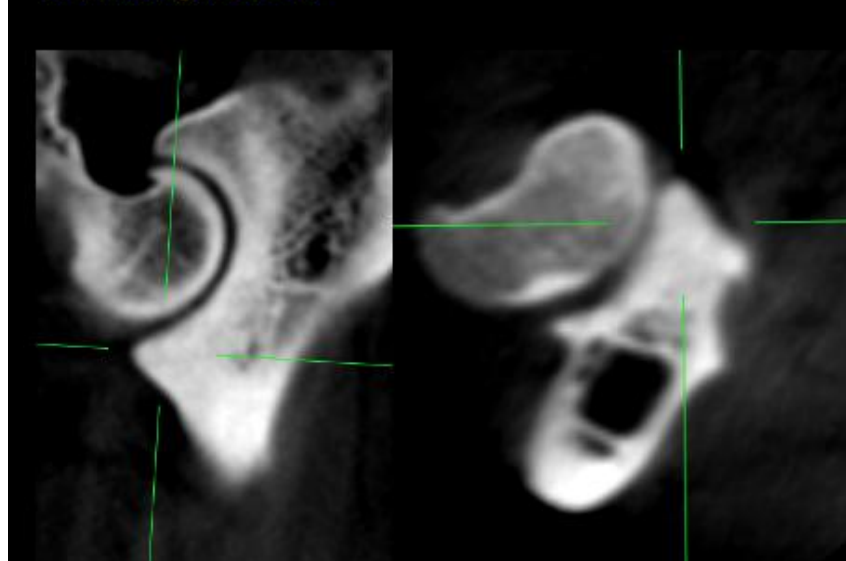
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Tiny mineral focus within the intertubercular groove of the left shoulder



Normal right elbow





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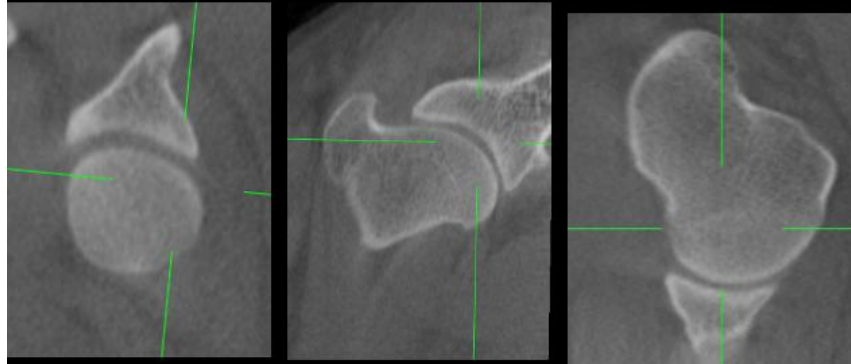
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Normal Right Shoulder



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