



PATIENT

Jackie Venier

SPECIES

Canine

BREED

Spaniel Mix

SEX

FS

AGE

2

WEIGHT

23.6

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

74364

DATE

3-26-26

PRESENTING CLINICAL SIGNS

- thickened elbows bilaterally
- decreased ROM bilaterally
- Hip no painful on ROM

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS

A non-contrast computed tomographic study of both elbow and shoulder joints was provided for review, consisting of two series acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Right Elbow Joint

The medial coronoid process is irregularly shaped, sclerotic, and heterogeneous in attenuation. A large irregular osseous fragment is identified, measuring approximately 9.7×4.4 mm. Multiple small periarticular mineralized fragments are also noted.

The radial notch is irregular, with associated subchondral microcysts. The semilunar notch is shallow and sclerotic.

Marked osteophytic proliferation is noted involving the humeral condyles, anconeal process, radial head, and adjacent to the medial coronoid process.

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

Right Shoulder Joint

The scapulohumeral joint is congruent.

Multiple pinpoint mineral foci are observed adjacent to the greater tubercle, within the topographic regions of the infraspinatus tendon, glenohumeral ligaments, and biceps brachii tendon.

Left Elbow Joint

The medial coronoid process is irregular, sclerotic, and heterogeneous in attenuation. A large irregular osseous fragment is present, measuring approximately 6.1×2.6 mm. Multiple small periarticular mineralized fragments are also noted.

The radial notch is irregular, with subchondral microcysts. The semilunar notch is shallow and sclerotic.

Marked osteophytic proliferation involves the humeral condyles, anconeal process, radial head, and adjacent medial coronoid process.

The humeroradial and humeroulnar joints are incongruent on multiplanar reformats.

Left Shoulder Joint

The scapulohumeral joint is congruent.



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No evidence of subchondral bone lesions, articular surface irregularities, or periarticular soft tissue abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

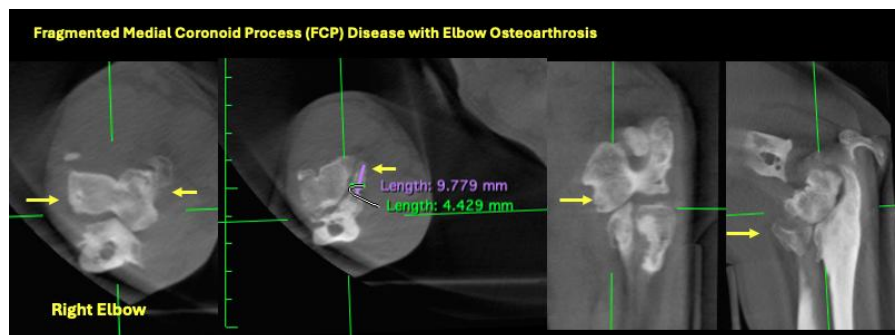
- Bilateral medial coronoid disease characterized by fragmentation of the medial coronoid process (FCP).
- Marked bilateral elbow osteoarthritis with osteophyte formation and subchondral bone changes correlated to chronic degenerative changes.
- Bilateral elbow joint incongruity.
- Multifocal periarticular mineralization of the right shoulder, compatible with tendinopathy and/or dystrophic mineralization (infraspinatus, biceps brachii tendon, and periarticular soft tissues).
- Unremarkable left shoulder joint.

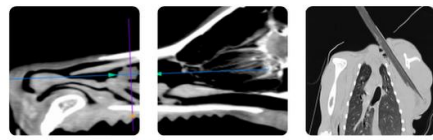
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with bilateral medial coronoid disease (fragmented medial coronoid process) associated with advanced secondary osteoarthritis and joint incongruity. These findings are compatible with chronic elbow dysplasia.

The mineralized foci identified in the right shoulder are most consistent with chronic tendinopathy and/or dystrophic mineralization, particularly involving the infraspinatus and biceps brachii tendons; however, dystrophic mineralization may be incidental and not clearly clinically relevant.

Orthopedic consultation is advised for management of elbow dysplasia and right shoulder joint.





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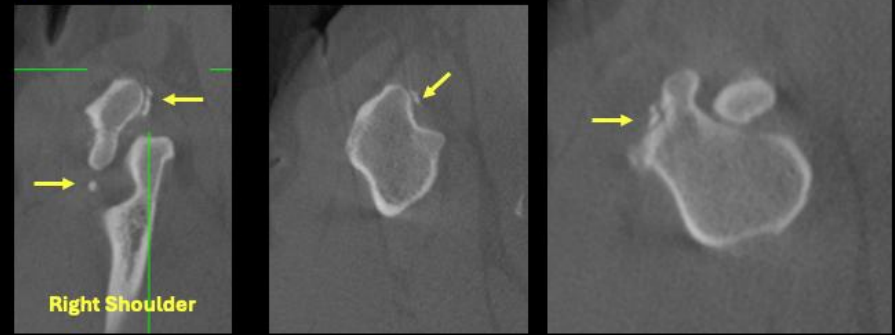
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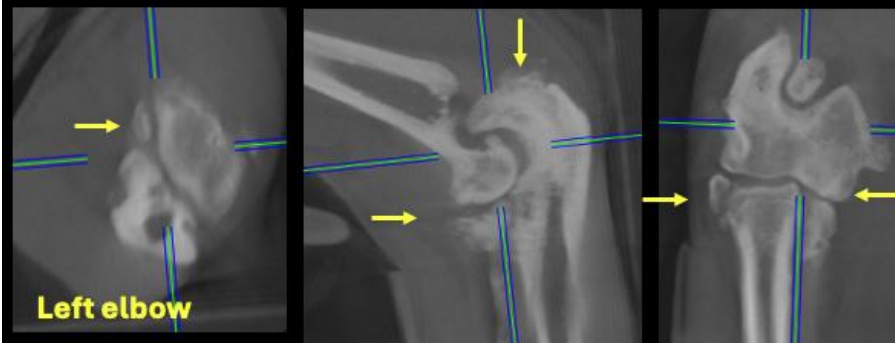
DATE

3-26-26

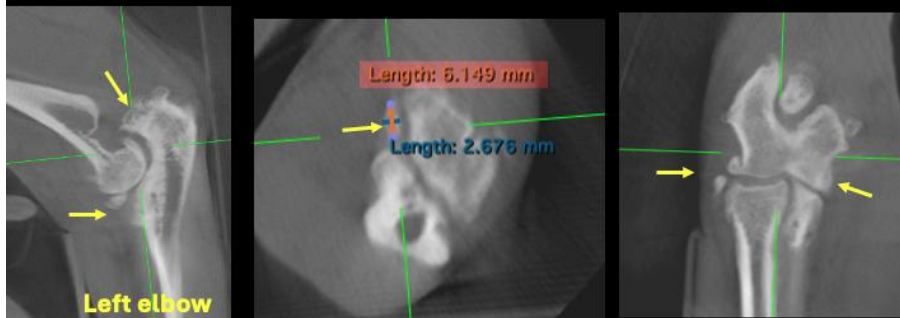
Multifocal Periarticular Mineralization of the Right Shoulder - Tendinopathy and/or Dystrophic Mineralization



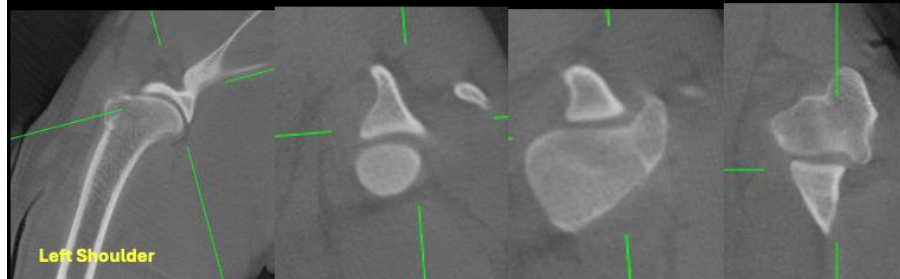
Fragmented Medial Coronoid Process (FCP) Disease with Elbow Osteoarthritis



Fragmented Medial Coronoid Process (FCP) Disease with Elbow Osteoarthritis



Normal left shoulder





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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