



## PATIENT

Chip Rosenthal

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

MN

## AGE

4Y, 10M

## WEIGHT

50kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica

## HOSPITAL NAME

Southern Oregon  
Veterinary Specialty  
Center

## REFERRING VET

Dr. Fugazzi

## INVOICE

74533

## DATE

4-8-26

## PRESENTING CLINICAL SIGNS

Chip is a 4 year old, MN Labrador Retriever presenting as a consult for limping. He was seen at his rDVM for scratching at the ears. It is noted in Chip's chart he has had stifle effusion and a history of cruciate disease. rDVM noted the left is worse than the right leg. He is on Apoquel and Carprofen for his itching and to provide some pain relief.

Owner states the limping happened a few weeks ago. Unsure how the injury occurred but owner has a lot of property. E/D well, activity is good still. No c/s/v/d. Fasted this morning but took Carprofen and Apoquel around 5am this morning. MMG

Medications:

Carprofen 100mg- 1 BID PO.

Apoquel 16mg SID PO.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS (ELBOWS)

Two non-contrast computed tomographic series of both elbow joints were provided for review, acquired in the transverse plane using a bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### LEFT ELBOW

The left medial coronoid process is markedly abnormal, appearing sclerotic, irregular, and heterogeneous in attenuation. Two large irregular osseous fragments are identified in association with the medial coronoid process, measuring approximately 5.6 mm and 8.1 mm. Additional tiny adjacent mineralized fragments/osteochondral bodies are also present.

Moderate irregularity of the adjacent subchondral radial notch is noted.

Moderate periarticular osteophytic proliferation is present involving the humeral condyles (more pronounced medially), anconeal process, and radial head. Associated subchondral microcystic change is present. There is also sclerosis of the semilunar notch region of the ulna.

The humeroradial and humeroulnar articulations are incongruent on multiplanar reformatted images.

### RIGHT ELBOW

The right medial coronoid process apex is irregular and contains a suspected fissure line.

Mild irregularity of the adjacent subchondral radial notch is present.

The subchondral surface of the medial humeral condyle is sclerotic, with a subtle focal lucent cavitated area, compatible with a kissing lesion.

Mild periarticular osteophytic proliferation is present involving the anconeal process and radial head.

The humeroradial and humeroulnar articulations are congruent on multiplanar reformatted images.



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## COMPUTED TOMOGRAPHIC DIAGNOSIS

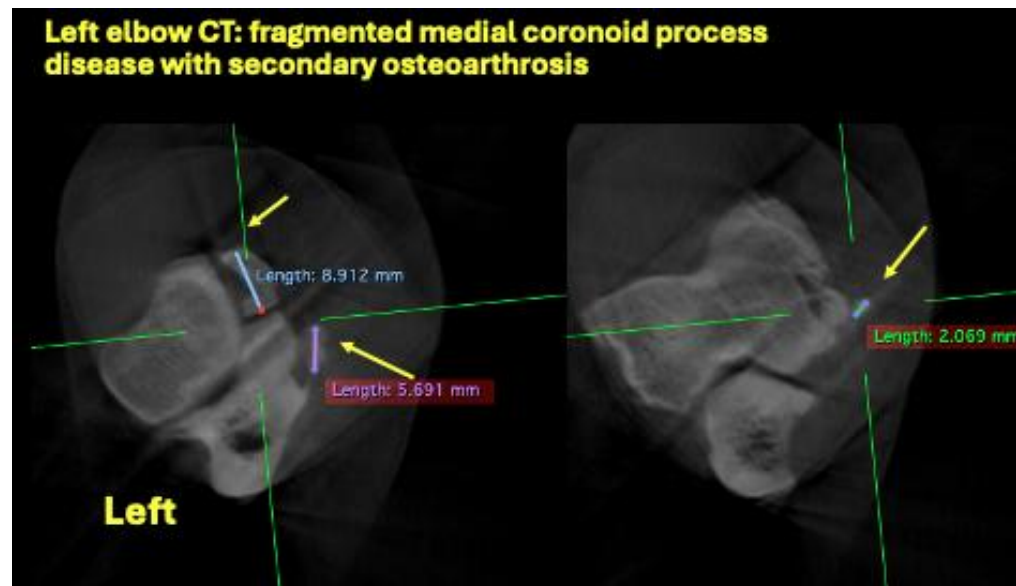
- Left elbow findings are consistent with fragmented medial coronoid process disease, with two large associated osseous fragments and additional small adjacent mineralized fragments. There is concurrent secondary osteoarthritis.
- Right elbow findings are consistent with medial coronoid disease, characterized by an irregular apex and suspected fissure line. Mild secondary osteoarthritis is present, along with mild subchondral radial notch irregularity and a probable medial humeral condylar kissing lesion.
- Overall, the findings are consistent with bilateral elbow dysplasia, markedly more severe on the left side.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are most consistent with bilateral medial compartment elbow disease (elbow dysplasia), with advanced fragmented medial coronoid process disease on the left and milder but clinically relevant medial coronoid disease on the right.

These findings correlate well with thoracic limb lameness.

Correlation with orthopedic examination and degree of lameness on each side is recommended. Surgical consultation is advised. Long-term management will likely require a multimodal osteoarthritis plan, including weight optimization, controlled exercise, analgesia/anti-inflammatory therapy as appropriate, and rehabilitation/physiotherapy.





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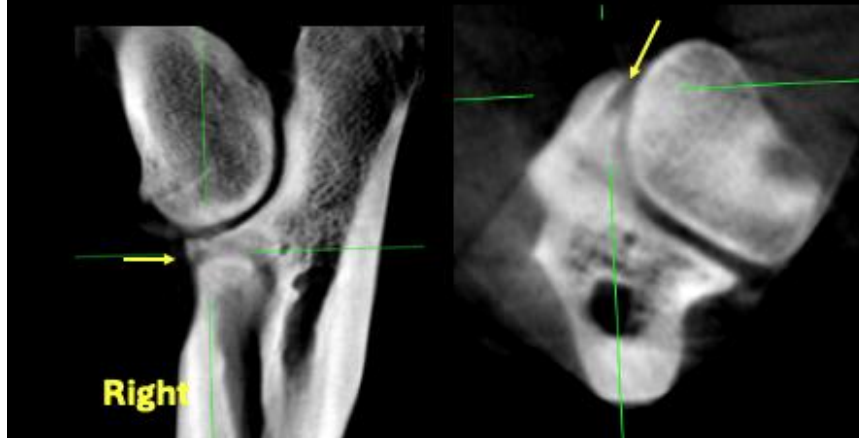
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### Left elbow CT: fragmented medial coronoid process disease with secondary osteoarthritis



### Right elbow CT: medial coronoid disease with fissure





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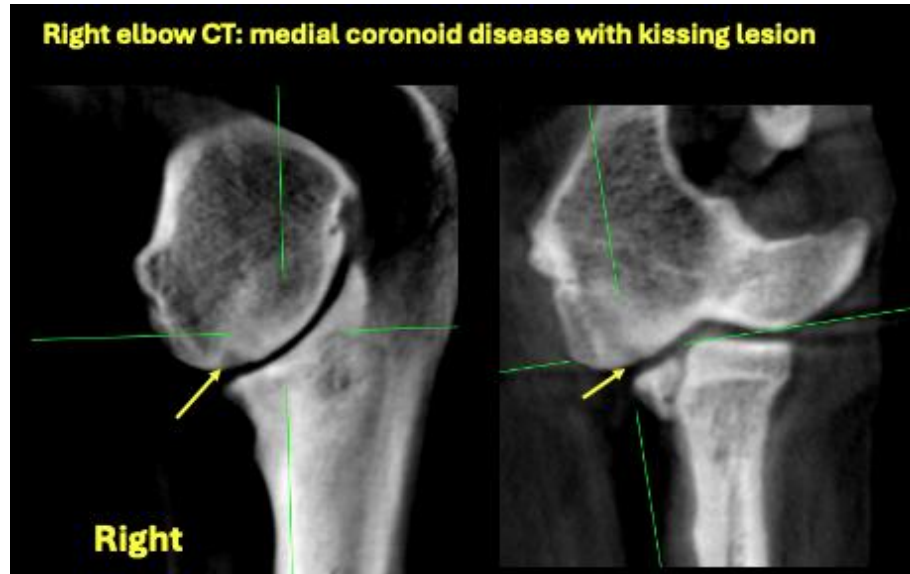
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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