



**PATIENT PRESENTING CLINICAL SIGNS**

Robbie Jardin-Summers  
 Lameness since January this year. In May this year an intra-articular injection into the right shoulder - Depredril, was done. Does not appear lame, however with flexion of shoulder and elbow there is still some tension/reaction. No obvious pain on medial elbow palpation. INI then CT and possible IA injection again. IA contrast into shoulder and unremarkable. Can track full length of biceps. Placed IA Kenacort into elbow. Plan to send off for interpretation as looks more like elbow changes than shoulder, also C6/7 potentially slight bulging disc? could indicate some referral pain?? injected elbow and shoulder Kenacort (1/2 vial into each) with Marcaine.

**SPECIES**

Canine

**BREED**

Rough Collie

**SEX**

Neutered Male

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC LIMBS**

A pre-contrast CT study of the thoracic limbs and positive contrast computed tomographic arthrography of the right shoulder are provided for review totaling 4 series. Two pre-contrast series of the thoracic limbs focus on shoulder joints, soft tissue, and bone algorithm. Two post-contrast, positive contrast computed tomography arthrography of the right shoulder, soft tissue, and bone algorithm.

**COMPUTED TOMOGRAPHIC FINDINGS**

**RIGHT THORACIC LIMB**

**AGE SHOULDER JOINT**

10 Years, 7 Months  
 The scapulohumeral joint is congruent. There is no evidence of subchondral bone microcysts or irregularities. There is no evidence of new bone formation.

**INTERPRETED BY**

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

No evidence of intra-articular mineral foci or mineral foci adjacent to the greater tubercle of the humerus.

After the administration of the positive contrast media into the right shoulder joint, the joint space is almost completely filled with the contrast media, with few iatrogenic air bubbles.

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The articular surface is regular. No evidence of swelling or thickening of the adjacent tendon insertion structures, for example, the triceps brachii muscle, the biceps brachii tendon, or the infraspinatus tendon.

**ELBOW JOINT**

**REFERRING VET**

Dr John Katakasi

The medial coronoid process is irregularly sclerotic. A mineral osseous body, fragmented lesion, is seen located on the border of the medial collateral ligament of the elbow, adjacent to the tuberosity of the ulna. There is subchondral bone sclerosis along the trochlear notch of the ulna and radial incisures.

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There are multiple periarticular osteophytes in the humeral epicondyles and condyles, the cranial aspect of the radial head, and at the proximal margin of the anconeal process of the ulna.

Minor subchondral bone sclerosis is seen at the medial humeral condyle.

**DATE**

8-21-23

**LEFT THORACIC LIMB**



**PATIENT**

SHOULDER JOINT

Robbie Jardin-Summers

The scapulohumeral joint is congruent. No evidence of subchondral bone microcysts or irregularities. No evidence of new bone formation.

**SPECIES**

No evidence of intra-articular mineral foci or mineral foci adjacent to the greater tubercle of the humerus.

Canine

ELBOW JOINT

**BREED**

Rough Collie

The medial coronoid process is intact, normal shape and attenuation. There is no evidence of subchondral bone sclerosis along the trochlear notch of the ulna and radial incisures. No evidence of periarticular osteophytes in the humeral epicondyle, cranial aspect of the radial head and proximal margin of the anconeal process of the ulna.

**SEX**

Neutered Male

Dorsal and long-axis plane images show no significant radioulnar incongruency.

On the collimated cervical spine, bulging C5-C6 discs are seen.

**AGE**

10 Years, 7 Months

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal shoulder joints, bilaterally.
- Right elbow dysplasia correlated to medial coronoid process irregularity and moderate secondary osteoarthritis. Contiguous to the border surface of the medial coronoid process, adjacent to the tuberosity of the ulna an osseous body is seen, the differential diagnosis includes fragmented lesion, large separated osteophyte, osteochondroma.
- C5-C6 bulging disc.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The tomographic findings show elbow dysplasia correlated to medial coronoid process changes and secondary osteoarthritis. The medial coronoid process changes are likely an association of the presented clinical signs of the lameness; the right shoulder joint is unremarkable.

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The clinical signs of the lameness in the right thoracic limb could be correlated to acute on chronic lesion. Therapeutic management with physical therapy, drugs for pain and anti-inflammatory drugs are suggested.

**REFERRING VET**

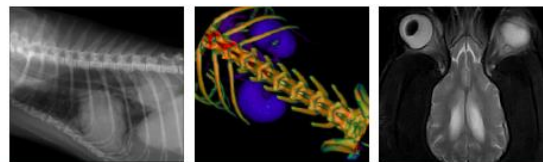
Dr John Katakasi

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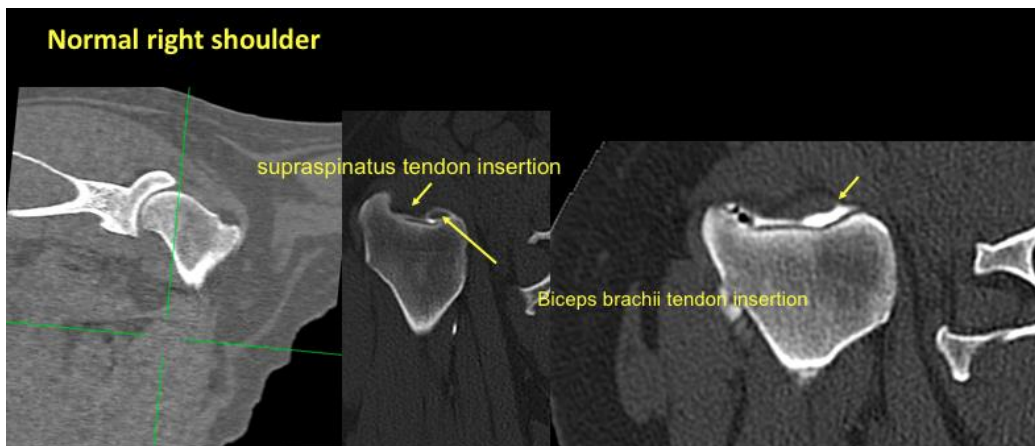
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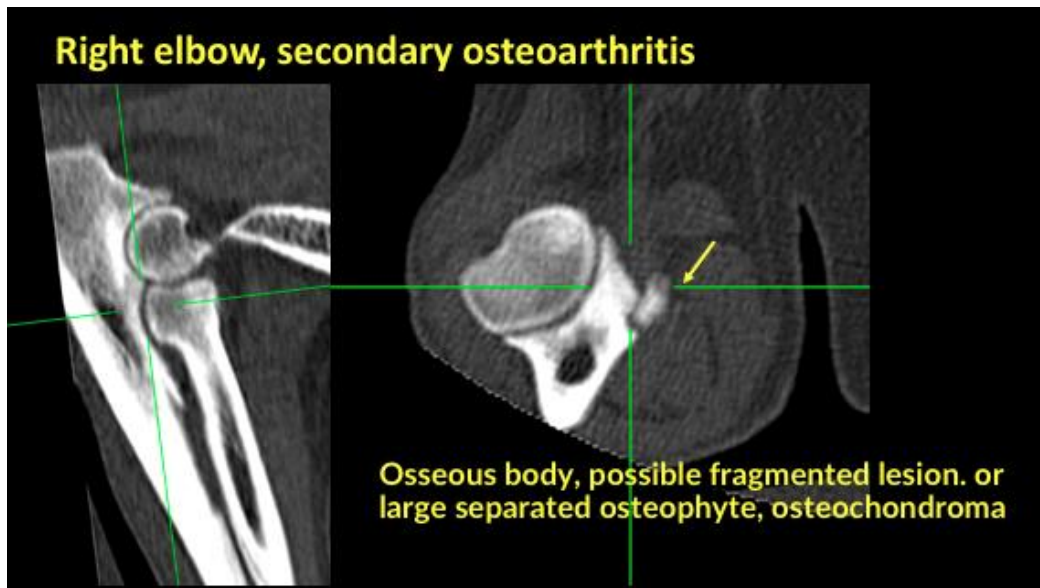
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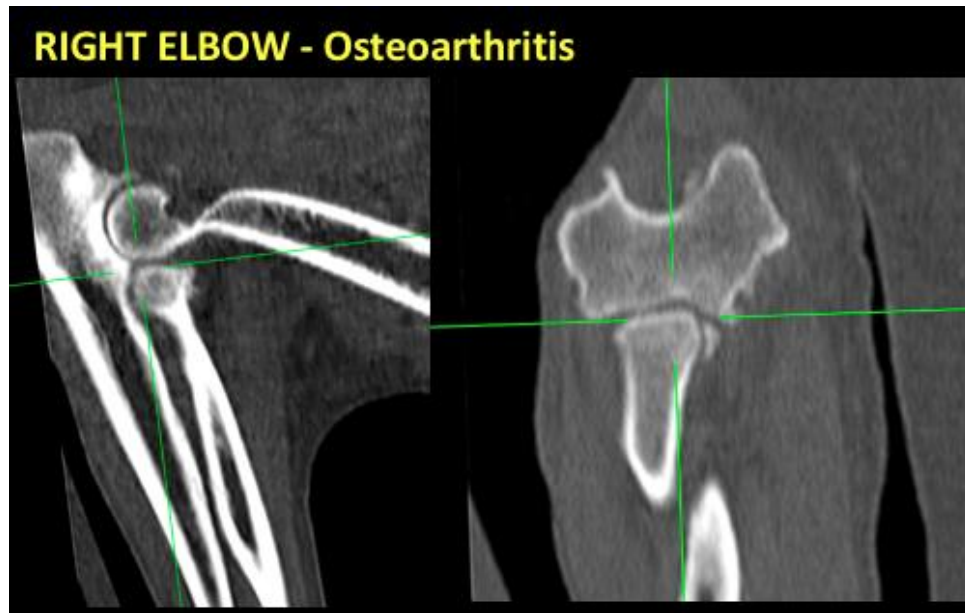
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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