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IT'S YOUR CASE

Species: Canine

Breed: Poodle (Standard)

Sex: Male Entire

Age: 10 months

Clinical History:

1 week of 3/10 lameness on RF, still willing to run, otherwise well. Pain on R elbow flexion.

Anatomic regions: Elbow

Details of study and technical comments: Lateral radiographs of both elbows.

Diagnostic interpretation:

Left elbow: The medial coronoid process is well-defined on the lateral views and the margin can be followed proximally to the articular surface. There is no radiographic evidence of left elbow joint incongruity or subluxation. There is no radiographic evidence of a stairstep lesion between the ulna and radial head on the lateral view. No radiographic evidence of degenerative remodeling is appreciated. There is no subchondral bone sclerosis on the trochlear notch. No surrounding increased soft tissue opacity or thickness is appreciated. There are increased medullary soft tissue opacities identified in the mid diaphysis of the radius.

Right elbow: The medial coronoid process is well-defined on the lateral views and the margin can be followed proximally to the articular surface. Again, there is no radiographic evidence of right elbow joint incongruity or subluxation. There is no radiographic evidence of a stairstep lesion between the ulna and radial head the lateral view. No radiographic evidence of degenerative remodeling is appreciated. There are increased medullary soft tissue opacities identified on the lateral projections involving the right radius and ulna. These increased medullary opacities are noted within the mid to distal diaphyseal portion of the radius and the proximal metaphyseal/diaphyseal portion of the ulna, just distal to the trochlear notch (Figure 1). No surrounding increased soft tissue opacity or thickness is appreciated.

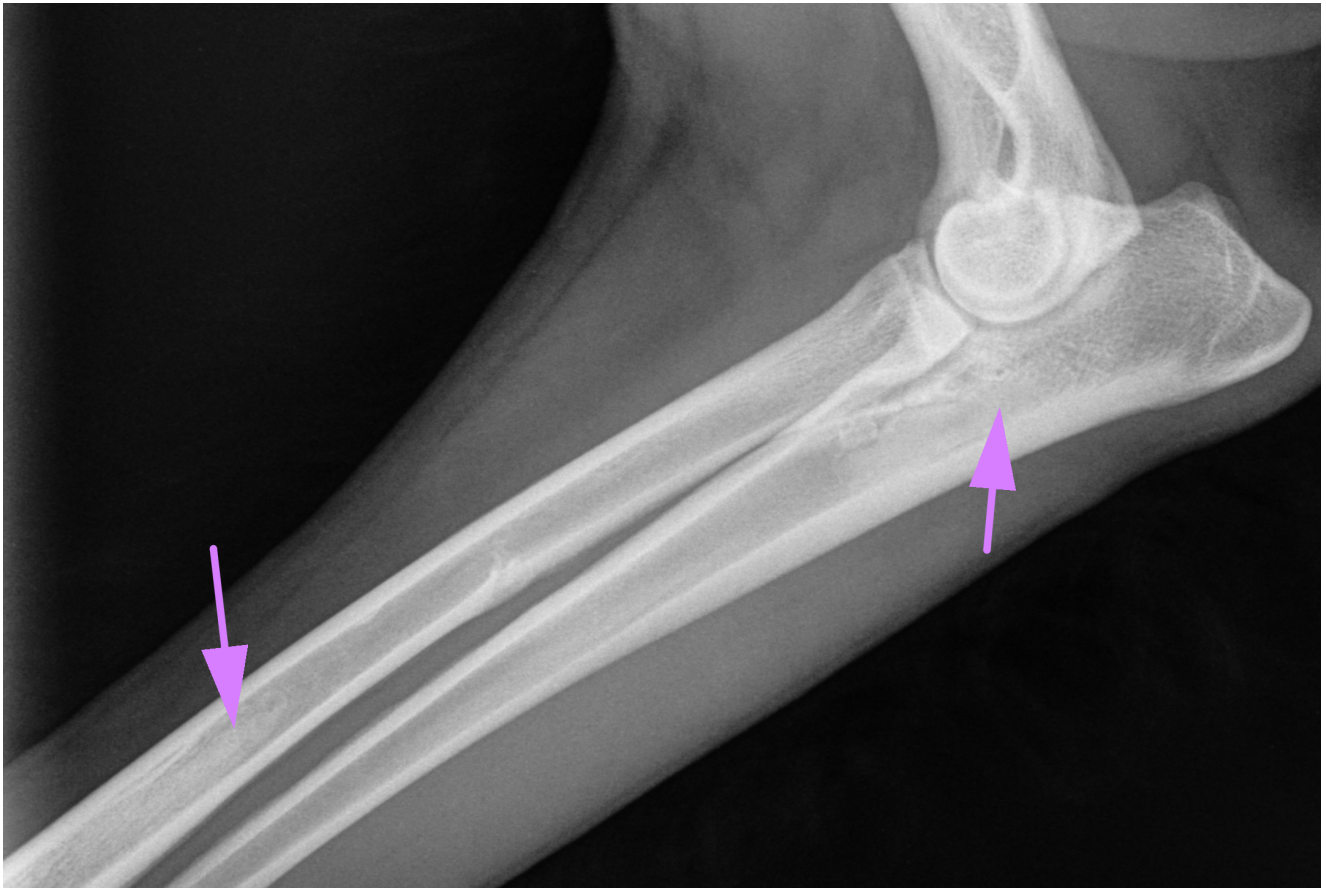


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t. +44 (0)1223 422251 www.vet-ct.com e. info@vet-ct.com

Co Number 6955449 Registered Office St John's Innovation Centre Cowley Road Cambridge CB4 0WS UK
ABN 24601862220 Registered Office in Australia Suite 11, 185-187 High Street Fremantle WA 6160 Australia

This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It must therefore only be interpreted by a currently licensed and registered veterinary surgeon responsible for the care of this patient.



Conclusions: The increased intramedullary opacities described in long bones, combined with the signalment and history, would be most consistent with panosteitis. Radiographically normal elbow joints.

Additional comments: The radiographic findings are highly consistent with panosteitis as a cause of the reported right front limb lameness. This is typically a self limiting condition and can manifest in multiple bones/limbs. Radiographic monitoring is not always needed but could be considered if clinical signs worsen. Regarding the elbows, there is evidence of elbow dysplasia, this does not fully exclude elbow incongruity especially if mild.



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