

IT'S YOUR CASE

Species: Canine

Breed: Crossbreed, medium Sex: Female Neutered (02/02/2019)

Age: 7 months

## Clinical History:

Left forelimb lameness. Improved with carprofen worse after running.

**Details of study and technical comments**: Orthogonal radiographs of the elbows (10 films) are provided for interpretation. The study is of diagnostic quality.

## Diagnostic interpretation:

LEFT FRONT: The anconeal process of the ulna (yellow arrow heads) has normal shape, is united, without evidence of new bone formation. The medial coronoid process of the ulna (green arrow heads) is well margined with normal shape and opacity. The humeral ulnar joint (blue arrow heads) is slightly wider than the humeral radial joint (pink arrow heads).

RIGHT FRONT LIMB: The appearance is similar to the left front limb. This includes the humeral ulnar joint (blue arrow heads) being slightly wider than the humeroradial joint (pink arrow heads)-which is slightly less apparent than on the left side. The anconeal process, the medial coronoid process, antebrachium, are unremarkable. A right cephalic catheter is present.

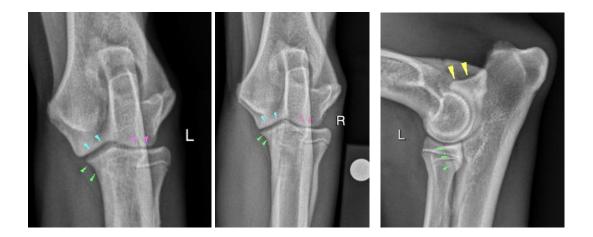


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## Conclusions:

- 1. The radiographic appearance of elbow incongruity can be positional
- 2. No radiographic evidence of medial coronoid disease-this does not exclude early pathology such as subchondral sclerosis, subchondral edema/osteonecrosis, or nondisplaced fissure. CT examination should be considered for further assessment if indicated.

## Additional comments:

A cause of the reported left front lameness should remain open. If orthopedic examination supports elbow localization, CT examination of the elbows is suggested for further characterization of elbow congruity and to evaluate the status of the medial coronoid process most accurately.



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