



PATIENT

Meena Miyazawa

SPECIES

Canine

BREED

Pit Bull

SEX

Spayed Female

AGE

7 Years 7 Months

WEIGHT

46.6 Pounds

INTERPRETED BY

Heike Rudorf, DVM, Dr.
med. Vet., DipECVDF
DVR

IMAGING PERFORMED BY

Katy

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Kim Allyn, DVM

INVOICE

35576

DATE

1/23/26

PRESENTING CLINICAL SIGNS

History: Limping on her right hind for the past few weeks. Seems to bother her after she has been laying on it for a while. Once she gets up and starts moving around it gets a little more comfortable

Abnormal PE/Chem/CBC/UA Results: PE: Musculoskeletal: Right hind limb lameness; medial buttress and effusion; mildly decreased muscle mass in right hind limb; swelling palpable on medial aspect of right stifle and within the joint; crepitus and clicking on range of motion; stifle tender to palpation; suspected partial or complete cranial cruciate ligament rupture with possible meniscal injury

RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

Hind legs

The muscle mass is reduced on the right hind leg.

Bridging new bone is present on the LS junction. All bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

Pelvis: the center of both femoral heads is superimposed onto the respective dorsal acetabular edge, when taking into account the right tilting of the pelvis. Both coxo-femoral joints present smooth osseous margins and the medial joint spaces appear slightly increased.

Stifle L: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad has a physiological size and the caudal fascial plains are in a physiological position. New bone formation is not evident and the patella is located centrally in its groove.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is reduced and the caudal fascial plains are mostly obscured by a soft tissue opacity (STO) in the joint. New bone (NB) formation is present on the distal pole of the patella, the proximal femoral ridges, abaxial aspect of both condyles, fabellae, tibial plateau and the tibial insertion of the cranial cruciate ligament.

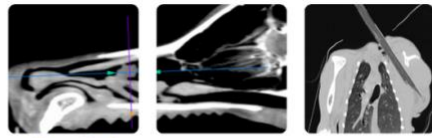
RADIOGRAPHIC DIAGNOSIS

Right stifle

- Effusion/Fibrosis
- Arthrosis, mild
- Muscle atrophy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the right stifle are compatible with cruciate ligament damage and resulting instability. MRI can help identify meniscal damage. Depending on the localization of a meniscal tear, arthroscopy can also identify it. The muscle atrophy has likely developed over a longer period of time. Should it have been more acute, neuropathy is a differential diagnosis and cross-sectional imaging of the lumbar plexus is recommended.



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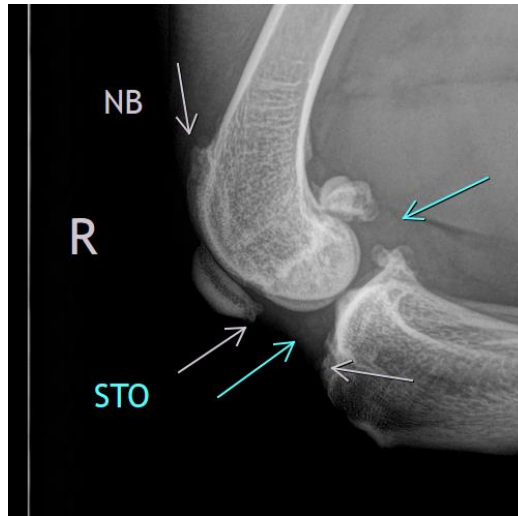
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com