PATIENT

Milo Nunez

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.19 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

DTLAvets

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Endo

INVOICE

35579

DATE

1/24/26

PRESENTING CLINICAL SIGNS

History: Milo was presented for evaluation of an RPL injury. O rolled over the Ps distal RPL pes and heard an audible popping sound. O noted that the P is weight bearing lame along the RPL.

Abnormal PE/Chem/CBC/UA Results: No obvious pain elicited with palpation along the RPL.

RADIOGRAPHIC STUDY OF THE HIND PAWS

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

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.

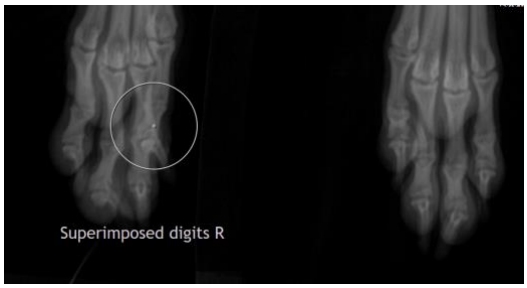
R paw: the tarsal joints are congruent. All sesamoid bones are physiologically developed with smooth surfaces. On the DP with both paws, the distal aspect of digit 2 with phalanx (P) 2 and 3 is superimposed onto digit 3. P 2 of digit 2 is not visible. On the DP oblique of the right paw, all digits and phalanges are visible and symmetrically aligned.

RADIOGRAPHIC DIAGNOSIS

- Variation of digital position
- Mild, bilateral hip subluxation (Incidental finding)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no cortical discontinuity, gas in the joints or soft tissue swelling. However, hairline fissures will only be visible after sufficient osteoclastic activity has taken place, which takes approx. 7-10 days. Should the lameness persist despite conservative treatment, further imaging is then recommended. The position of digits 2 and 3 is abnormal on the DP view and it is possible that the digits were pushed together during the incident described by the owners; the popping sound may have been the result of overt joint stretching.



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.

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