



PATIENT

Charlie Umphrey

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

10 Years

WEIGHT

32 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Singh

HOSPITAL NAME

Balmy Beach PH

REFERRING VET

Dr. Singh

INVOICE

35624

DATE

1/30/26

PRESENTING CLINICAL SIGNS

History: acute onset of lameness of LHL, had TPLO done a few months ago, lameness has not resolved with rest, on PE, mild swelling of stifle joint, no effusions seen.

Abnormal PE/Chem/CBC/UA Results: mild swelling of TPLO stifle

RADIOGRAPHIC STUDY OF THE STIFLES

23.11.25

Stifle L: the joint presents with smooth, subchondral bone surfaces. The cranial fat pad is reduced and the caudal fascial plains are mostly obscured by a soft tissue opacity in the joint. New bone (NB) formation is present on the distal pole of the patella.

30.01.26 post OP:

Stifle L: the joint presents with smooth, femoral subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat is reduced and the caudal fascial plains are caudally displaced. The distal patella tendon is thickened. New bone formation is visible on the femoral ridges, distal pole of the patella and condyles as well as on the tips of the distal screws. The osteotomy site shows bridging bone on the cranio-caudal view. Alignment of the lateral cortex is altered, especially level with the osteotomy line

RADIOGRAPHIC DIAGNOSIS

23.11.: changes compatible with cruciate disease

30.01.: Healing in progress

- Cortical fragment lateral osteotomy site
- Thickening distal patella tendon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would suggest infection or tumor. However, a low-grade infection will only show much later and follow ups are recommended. Given time, the cortical bone fragment should intergrade itself into the new bone. Thickening of the patella tendon at the tibial insertion is a common finding after TPLO surgery but can be associated with inflammation. Palpation of this region should then elicit pain. Ultrasound can be performed to look for fiber malalignment and localized fluid, samples can be taken for analysis.



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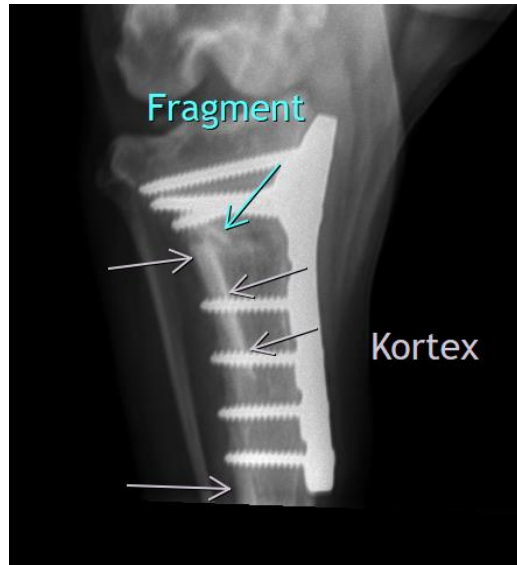
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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