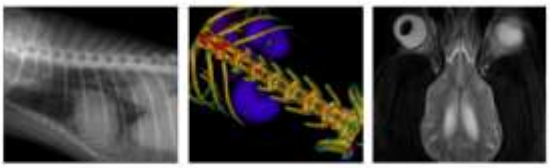
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bailey Barrett

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Male Neutered

AGE

4 Years, 4 Months

INTERPRETED BY

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

HOSPITAL NAME

Long Valley Animal Hospital

REFERRING VET

Russell Earl

INVOICE

47923

DATE

10-22-21

PRESENTING CLINICAL SIGNS

Right Hind lameness. Not responding to Rimadyl, Tramadol, Gabapentin, Dasuquin, and laser therapy. Physical exam reveals decreased ROM bilaterally in hips. Possible palpable (not audible) "click" at right stifle. There was also suspicion of sensitivity of 4th digit of right hind paw, but this was not fully reproducible.
Abnormal PE/Chem/CBC/UA Results: 4DX: Lyme Positive Lyme C6 < 10 Neg x 3

RADIOGRAPHIC STUDY OF THE HINDLEGS

10/21/21: 1x VD pelvis, R and L lateral stifles, 1x both lateral tarsi and paws
10/22/21: 2x VD pelvis, 1x R lateral tarsus and paw

RADIOGRAPHIC FINDINGS

Hind legs

The skeletal structures are well mineralized, with physiological cortico-medullary development and differentiation.

Pelvis

The centre of both femoral heads is superimposed onto the dorsal acetabular edge. The lateral joint space is slightly widened on both sides. The trabecular structure of one greater trochanter (assumed to be the right) appears slightly coarse.

Stifles

The stifle joints have smooth, subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad has a physiological size, and the caudal fascial plains are in a physiological position. Small osteophytes (NB) are present on the tibial insertion of the right cranial cruciate ligament and on the distal pole of the right patella. The right patella is located in its groove; the left is superimposed onto the lateral condyle.

Right distal limb

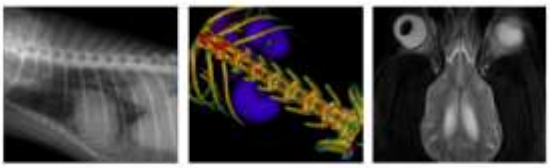
Hock joint and paw appear physiological.

RADIOGRAPHIC DIAGNOSIS

- HD bilateral, very mild
- OA right stifle, very mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor changes are unlikely to represent the cause for the lameness, especially as no improvement with adequate doses of pain killers was noted. The coarse trabecular structure of one femoral neck could be due to a reduced muscle mass or represent a positional artefact. However, destructive lesion such as tumor or infection are possibilities. Other differential diagnoses include neural pathology such as neuritis and tumor, or muscular diseases such as myositis and injury to muscle fibres. These can be best assessed with contrast enhanced cross sectional imaging. Borreliosis has to be ruled out.



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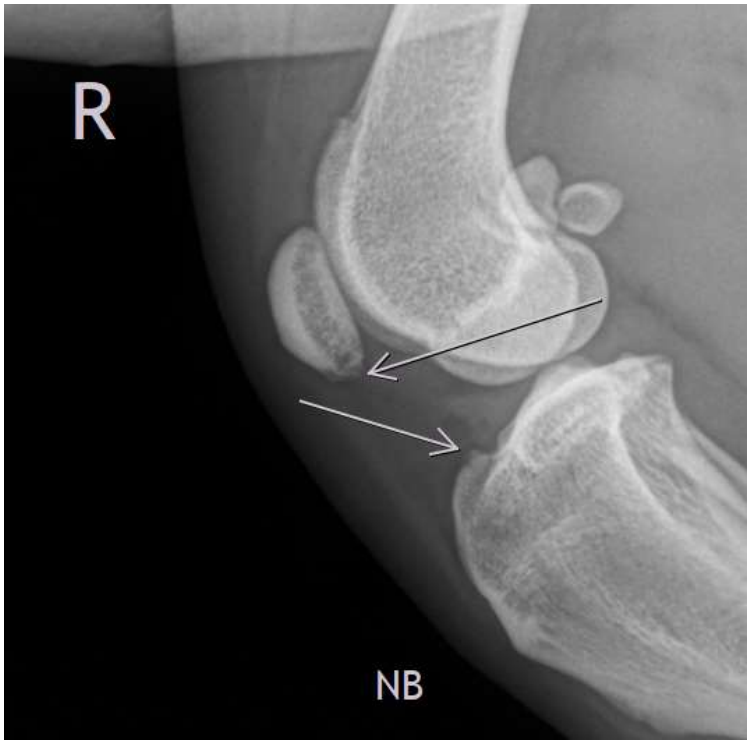
TECHNICAL COMMENTS

10/22/21: pelvis tilted to the left, no side marker on the pelvic view dated 10/21/21



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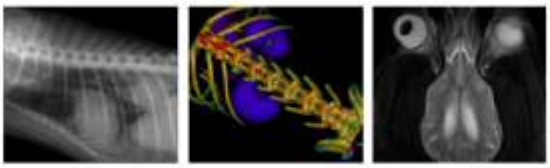

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Dr.H.Rudorf@gmail.com