



PATIENT PRESENTING CLINICAL SIGNS

Hula Gust History: Last two weeks Hula has been limping on LTL. Starts as she is trying to get out of bed in the am--she whines, complains and seems painful as well as holds her leg funny. When o gets her onto the floor, she is very hesitant to put weight on the limb but eventually does and limps hard for a bit but seems to work it out throughout the day. She just doesn't seem like herself at this point.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE LEFT FORELEG

BREED

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

Rhodesian Ridgeback

All bones are well mineralized, have a normal trabecular structure and a smooth surface. Cortical-medullary development and differentiation of the long bones are physiological. All sesamoid bones have a physiological appearance.

SEX

Spayed Female

Carpus and paws appear physiological.

The shoulder joint is congruent with even subchondral bone surfaces.

AGE

7 Years

New bone is present on the anconeal process. The medial aspect of the elbow joint is superimposed onto the soft tissues of the neck and shows a heterogeneous opacity.

RADIOGRAPHIC DIAGNOSIS

- Elbow OA (incidental finding)

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is unlikely that the new bone in the elbow joint is causing the recent lameness but manual examination, esp. of the medial aspect, should help rule out bone pathology. In the absence of other radiographic evidence, cross sectional imaging is recommended to rule out brachial plexus pathology and myositis. Ultrasound of the bicipital tendon will help rule out fiber disruption.

HOSPITAL NAME

Sierra Pet Clinic

REFERRING VET

T. Sperka

INVOICE

14079

DATE

10/29/21



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Hula Gust

SPECIES

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BREED

Rhodesian Ridgeback



SEX

Spayed Female

AGE

7 Years

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.

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