



**PATIENT PRESENTING CLINICAL SIGNS**

Clancy Duden History of bilateral elbow arthritis, treated with Adequan injections monthly since Aug 2021, O feels pt becomes incidentally weak in hind end next 24-48 hours post Adequan injections. This past Tuesday pt had suddenly stopped using hind end but has gradually improved each day, pt was able to walk through hospital today. Pt is currently on Gabapentin 200mg AM/600mg PM, 2tsp Pet-tinic BID, Carprofen 75mg BID.

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: BCS 4/9, pain score 2/4, severe hind end weakness/instability w/ muscle wasting present, CP deficits in bilateral hind legs, right foot will slowly flip over but consistently knuckled in left rear, wellness bloodwork performed 11/5: HCT 32%, RBC 5.36, HGB 12.1, Retic-HGB 19.2

**BREED**

Lab Retriever

**RADIOGRAPHIC STUDY OF THE L-SPINE AND PELVIS**

2 orthogonal views

**SEX**

Neutered Male

**RADIOGRAPHIC FINDINGS**

L-spine

No signs of aggressive osteolysis have been identified.

**AGE**

13 Years, 9 Months

Seven lumbar vertebrae are depicted. Varying degrees of bridging ventral spondylosis is located between T12 and L5.

**INTERPRETED BY**

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

The facet joints between L2-5 show smooth new bone formation.

The L4/5 disc space shows a semi-circular, mineralized line which protrudes dorsal to the disc space apparently into the spinal canal. A similar finding is present at L2/3.

**HOSPITAL NAME**

POCONO PEAK  
VETERINARY  
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Pelvis

The muscles of both hind legs are poorly developed.

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

**REFERRING VET**

Dr. Katelyn Laury

The centre of the R femoral head is located lateral to the dorsal acetabular edge. A large amount of new bone formation has resulted in re-contouring of femoral head and neck. New bone is evident along the acetabular surfaces and mineral opacities are present in the soft tissues between lesser trochanter and pelvis. On the L, smooth new bone is evident along the femoral neck.

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New bone appears to be associated with the R lateral fabella.

**RADIOGRAPHIC DIAGNOSIS**

**DATE**

11-12-21

- Severe HD and arthrosis R hip
- Mild OA L hip
- Muscle atrophy, bilateral
- Possible disc protrusions



**PATIENT**

Clancy Duden

- Facet joint arthropathy
- Spondylosis
- Incidental finding: new bone R lateral fabella

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

HD and OA are long standing but can certainly contribute to the clinical signs. The bilateral muscle atrophy will add to the inability to rise and carry the animal's weight. However, since neurological deficits be present, cord compression is likely which can only be identified with myelography or in cross sectional imaging. Depending on the severity of the clinical signs CT or MRI are indicated in case surgical intervention is necessary to remove extruded disc material.

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**REFERRING VET**

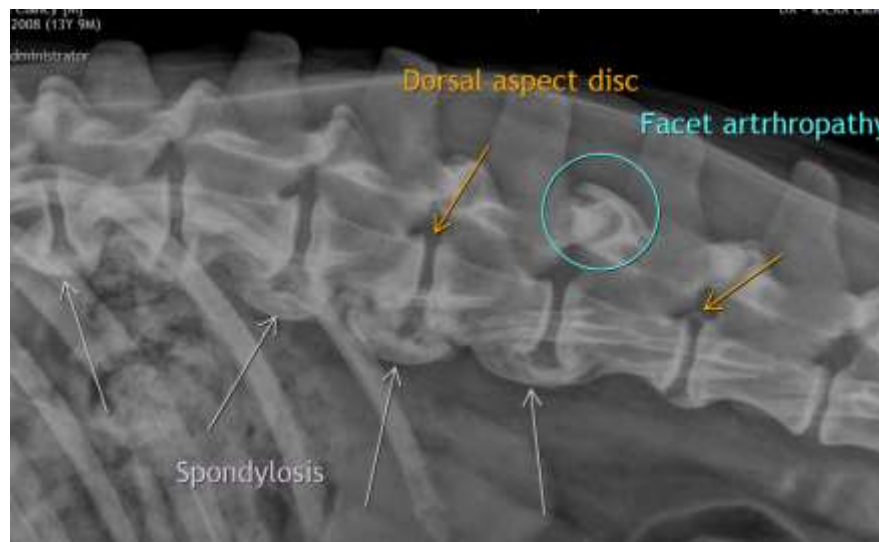
Dr. Katelyn Laury

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**PATIENT**

Clancy Duden

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.

**SPECIES**

Canine

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.

**BREED**

Lab Retriever

**Heike Rudorf**, DVM, Dr. med. vet., DipECVDI, DVR  
Dr.H.Rudorf@gmail.com

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