



**PATIENT PRESENTING CLINICAL SIGNS**

Lincoln Schneider History: Hx of R cruciate injury. Lateral suture done 10 months ago. Minimal instability in R. Some cranial drawer in L in flex position, none in extended position. Grade 2/4 lameness after ortho exam.

**SPECIES RADIOGRAPHIC STUDY OF PELVIS AND STIFLES**

Canine The muscles mass of the left hind leg is reduced.

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.

**BREED**

Golden Doodle The centre of both femoral heads is located medial to the respective dorsal acetabular edge. Both hip joints appear congruent with even subchondral bone surfaces. No new bone formation is evident.

**SEX**

Spayed Female The R stifle joint has smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad has been replaced by a soft tissue opacity and the caudal fascial plains have been compressed and caudally displaced. Two metal clips are located cranio-lateral to the lateral condyle; a hole has been drilled through the tibial crest. A small amount of slightly irregular new bone is located on the tibial insertion point of the cranial cruciate ligament. A soft tissue bulge is present medial and lateral to the stifle joint.

**AGE**

6 Years The L stifle joint has smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad is reduced and the caudal fascial plains have been caudally displaced by a soft tissue opacity within the joint. A small amount of new bone is located on the tibial insertion point of the cranial cruciate ligament. A mild amount of medial buttressing is present.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

R stifle

- Post lateral suture technique
- Mild OA

**HOSPITAL NAME**

Torch Lake VC

L stifle

**REFERRING VET**

A. Waffle

- Joint effusion
- Mild OA
- Muscle atrophy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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The changes on the left stifle are compatible with cruciate ligament damage and support the clinical findings. It is unclear if the muscle atrophy is solely due to the stifle disease or if other changes elsewhere (e.g. gastrocnemius myopathy, neuritis of the lumbar plexus) are also present. To rule out the latter, contrast CT or MRI will be necessary. The irregularity on the R tibial plateau will have to be compared with the pre-OP radiograph to identify if a degree of stifle instability is causing it or if it has remained unchanged.

**DATE**

11/25/22



**PATIENT TECHNICAL COMMENTS**

Lincoln Schneider Pelvis tilting to the left.

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

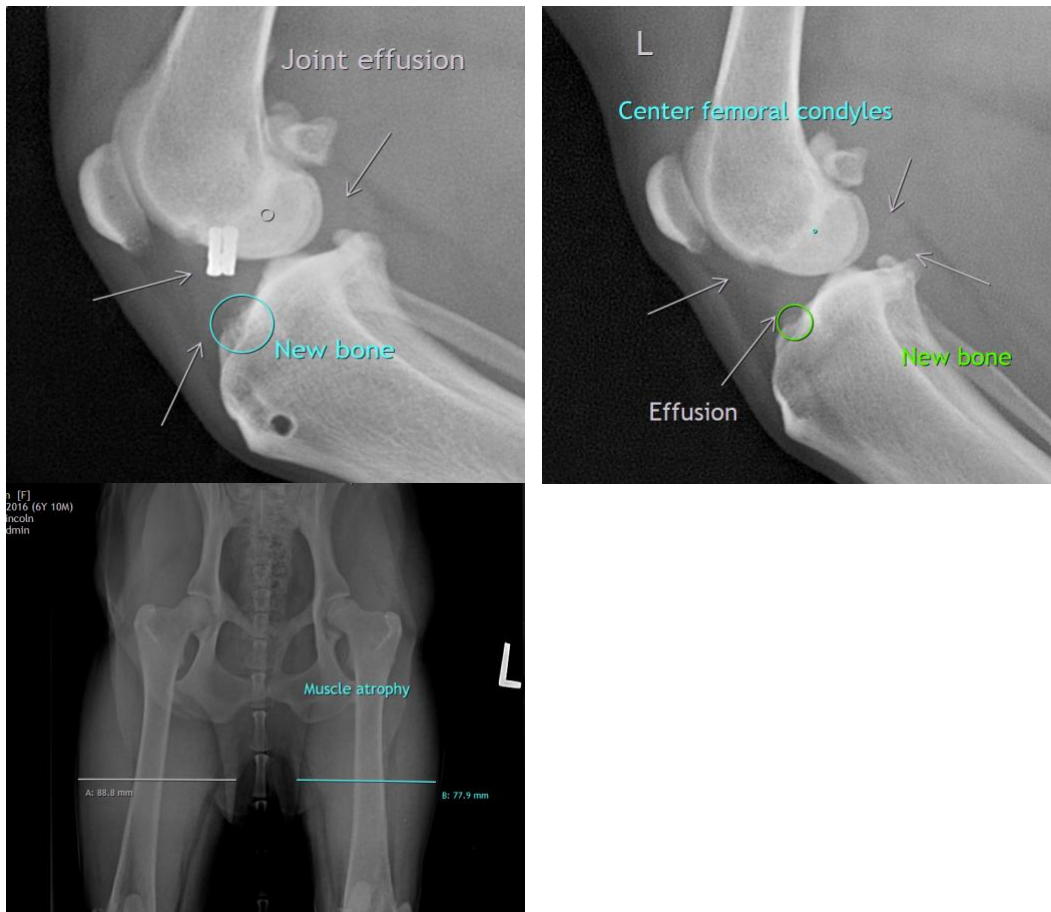
6 Years

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DipECVDI DVR

**HOSPITAL NAME**

Torch Lake VC



**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.**

**REFERRING VET**

A. Waffle

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.

**INVOICE**

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**Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR**  
dr.h.rudorf@gmail.com

**DATE**

11/25/22



**PATIENT**

Lincoln Schneider

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Spayed Female

**AGE**

6 Years

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