



PATIENT PRESENTING CLINICAL SIGNS

Bella Trotman About 6 month history of front leg lameness- left worse than right. Stiff after getting up and then exercises out of it a bit. If exercises too much it gets worse. Some crepitus in elbow left worse than R and doesn't really want to extend L shoulder or L elbow.

SPECIES RADIOGRAPHIC STUDY OF THE FORELIMBS

Canine R+L lateral C-spine to carpus, 1x cranio-caudal/DP flexed elbow to paws

BREED RADIOGRAPHIC FINDINGS

Pit Bull Mix A soft tissue nodule, similar to a nipple, is located on the skin surface cranial to the left diaphysis of the humerus.

SEX
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The bones are well mineralized, have a normal trabecular structure and continuous surfaces. Bridging new bone is located on the ventral aspect of the C2/3 disc space. Cortical-medullary development and differentiation of the long bones are physiological.

The shoulder joints appear congruent with even subchondral bone surfaces.

AGE
12
The left elbow joint appears to be congruent with smooth subchondral bone surfaces. A small amount of new bone formation is present on the cranial radial head and the anconeal process.

INTERPRETED BY
The changes are more pronounced on the right elbow joint and a small, subchondral lucency is just visible in the medial condyle. The right medial coronoid process is round.

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

RADIOGRAPHIC DIAGNOSIS

- Elbow OA, mild on left
- Elbow OA, moderate on right
- Subchondral lysis and blunted medial coronoid process on right

HOSPITAL NAME

Healing Paws

Incidental findings:

- Skin nodule, possible verruca
- Spondylosis ventral C2/3

REFERRING VET

Jennifer Levitsky

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Elbow OA is present and more pronounced on the right side. Here are also changes that are highly suggestive of OCD or kissing lesion and coronoid pathology. These are most likely long standing. It is difficult to say if these changes are the sole reason for the lameness or if soft tissue pathology (e.g. myositis, flexor tendinitis, brachial plexus tumor) are also present. Contrast CT or MRI is recommended to rule these out.

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11-26-21

TECHNICAL COMMENTS

Human hands in primary beam in L lateral view



PATIENT

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PATIENT

Bella Trotman

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.

SPECIES

Canine

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BREED

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