



PATIENT

Atlas Howrey

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

MN

AGE

4Y

WEIGHT

75.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Jen Redus DVM

INVOICE

72776

DATE

11-26-25

PRESENTING CLINICAL SIGNS

-Happened 2 weeks ago, has land to run on and he likes to chase cars -Limping usually resolves after a day or so, this has lasted longer than normal -Acting normal otherwise, still wants to run around

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Mild lameness observed when trotting on right front limb; no evidence of swelling or pain with manipulation of foot, carpus, elbow, or shoulder

RADIOGRAPHS OF ELBOWS AND CARPI

R/L lateral, flexed lateral, DP and cranio-caudal, totaling 13 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The muscles are bilaterally well developed.

The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortical-medullary development and differentiation of the long bones are physiological.

Elbows: the joints appear congruent with even surfaces. The medial coronoid process is rounded on the left

Paws: all sesamoid bones are physiologically developed with smooth surfaces. The joints are congruent.

RADIOGRAPHIC DIAGNOSIS

- Physiological study

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no bony changes that would explain the lameness. Possible soft tissue injuries include chronic bicipital tenosynovitis, flexor myositis of the elbow, and flexor tendinitis of the digits. Fiber alignment of the bicipital tendon is best examined with ultrasound. Cross sectional imaging will allow assessment of contrast medium uptake in muscles, tendons and joint capsules. The mild rounding of the medial coronoid process on the left likely represents a projectional artefact due to centering.

TECHNICAL COMMENTS

Well positioned views.



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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.

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR

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