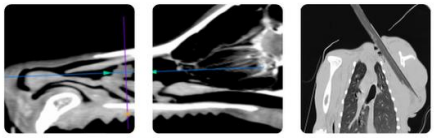

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Oliver Quirk

SPECIES

Canine

BREED

Bichon Frise Mix

SEX

MN

AGE

11Y

WEIGHT

30.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram Animal Hospital

REFERRING VET

Dr. Maria Cruz

INVOICE

72778

DATE

11-26-25

PRESENTING CLINICAL SIGNS

Sensitive lower back, lame Left hind leg Current Meds: Dex 0.5 mgs SID / Doxy 100 mgs 1 BID

Abnormal PE/Chem/CBC/UA Results: All WNL Abnormal UA Findings: Not done

RADIOGRAPHS OF PELVIS AND STIFLES

R/L lateral and VD, totaling 3 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

Hind legs

The muscle mass on the left appears to be reduced. All bones are well mineralized and have a normal trabecular structure. Cortical-medullary development and differentiation of the long bones are physiological.

Pelvis: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is located medial to the respective dorsal acetabular edge. The cranial acetabular edges are straight and slightly sclerotic. The right joint space appears slightly wider than the left. Both coxo-femoral joints present smooth osseous margins.

Stifle L: the joints present with smooth osseous margins, and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is almost completely obliterated, and the caudal fascial plains are caudally displaced by a soft tissue opacity in the joint. A small amount of new bone (NB) formation is present on the distal pole of the patella and proximal femoral ridges; the patella is superimposed onto the lateral condyle.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is reduced, and a tear drop shaped, soft tissue opacity is located caudal and distal to the patella; it is not evident on the orthogonal view. The caudal fascial plains are mostly obscured. A small amount of NB formation is present on the distal pole of the patella, the proximal femoral ridges, and the lateral femoral condyle.

RADIOGRAPHIC DIAGNOSIS

Left leg:

- Muscle atrophy

Stifles:

- Joint effusion (L more than R)
- Arthrosis, mild (R more than L)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The muscle atrophy should be verified with a tape measure. The effusion in the left stifle joint is pronounced, and cruciate ligament damage is likely. Other possibilities for such a pronounced joint effusion are infection and hemarthros. Muscle atrophy only occurs with chronic lameness but could be a sign of lumbar plexus neuropathy. Depending on the results of the neurological examination, cross sectional imaging is needed to identify inflammation or tumor. The changes on the right are also suggestive of cruciate disease/partial rupture. The tear drop shaped soft tissue opacity may represent an overlying skin mass.

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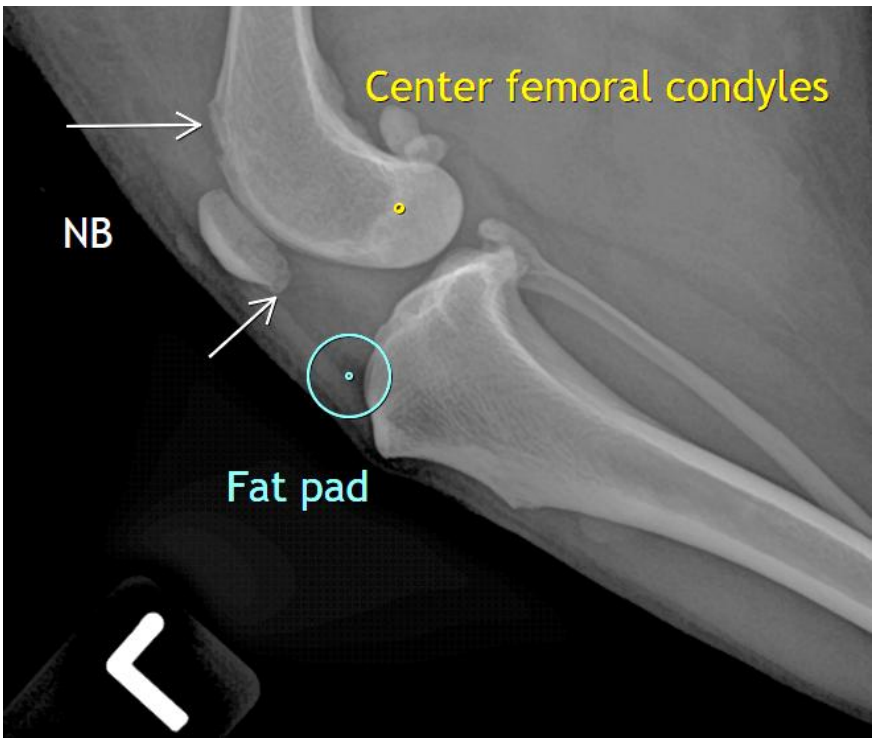

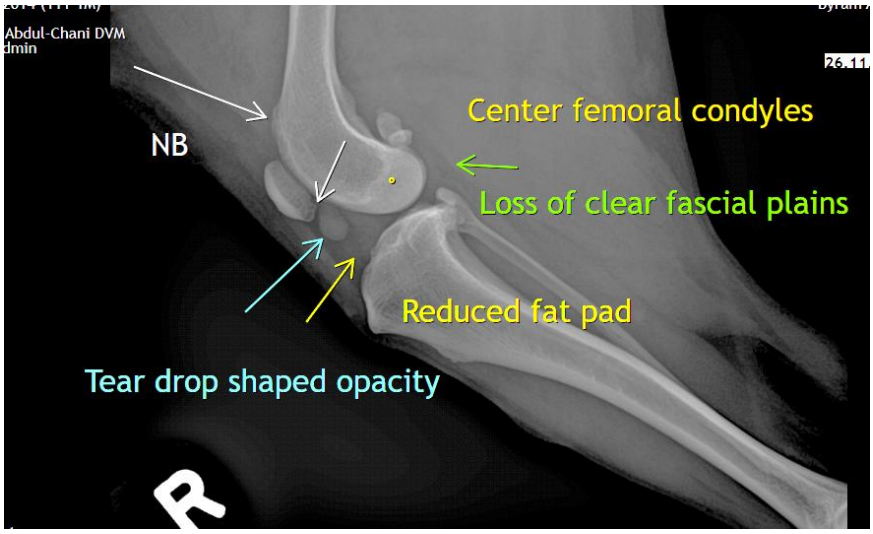

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com