



## PATIENT

Finn Mohr

## SPECIES

Feline

## BREED

Siamese Mix

## SEX

MN

## AGE

21M

## WEIGHT

5.18kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

RVTs

## HOSPITAL NAME

Woodridge Veterinary  
Clinic

## REFERRING VET

Dr. Breanne  
Couperthwaite

## INVOICE

72509

## DATE

11-5-25

## PRESENTING CLINICAL SIGNS

Finn presented on Oct. 24/25 for a ~1 month history of a forelimb lameness. O showed me video on her phone of Finn walking with an obvious head bob up on the LF and she also had a picture of him sitting and holding up his LF paw. No history of trauma. Indoors only except when supervised on harness outside. It seems to be the worst when he gets up from sleeping or laying down. O's do have another cat at home as well.

Abnormal PE/Chem/CBC/UA Results: On distant exam Finn has a LF weight-bearing lameness when walking in exam room. On PE he had normal ROM in his LF however he did react (lip licking, pulling away) to L shoulder extension +/- flexion. He also appeared to have decreased muscle mass on his L shoulder (supraspinatus) compared to his R shoulder. Ddx (L forelimb lameness): OCD lesion, soft tissue injury, neuromuscular ds, OA, other

## RADIOGRAPHS OF THE SHOULDERS

R/L lateral and caudo-cranial, totaling 5 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

The opacity of the muscle mass on the left leg is reduced on the caudo-cranial view. On the lateral view the muscles cranial to the humerus are reduced (0.7 vs 1cm).

The open growth plates are compatible with the given age.

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.

Shoulders: the joints appear congruent with even subchondral bone surfaces.

## RADIOGRAPHIC DIAGNOSIS

Left foreleg:

- Muscle atrophy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no bony changes or gas opacities suggesting abscess formation that would explain the clinical signs. Soft tissue injuries such as flexor myositis, tendon (including deep digital flexor tendons) or ligamentous injuries and neuropathies caused by e.g., overstretching or inflammation, are possible causes for the muscle atrophy. Another possibility is neuropraxia or pressure paralysis in sleep, a term used in human medicine; though that is usually not associated with muscle atrophy. Further examinations are required. Blood may be obtained to rule out inflammation and infection. Cross sectional imaging should include the C-spine to rule out e.g., disc disease and the scapula to identify fissure lines. Contrast CT will help identify areas of increased contrast uptake. In smaller animals, such as cats, MRI is the method of choice for following the nerves of the brachial plexus and to assess the nerve roots.

## TECHNICAL COMMENTS

Human phalanges are present in the primary beam on one view.



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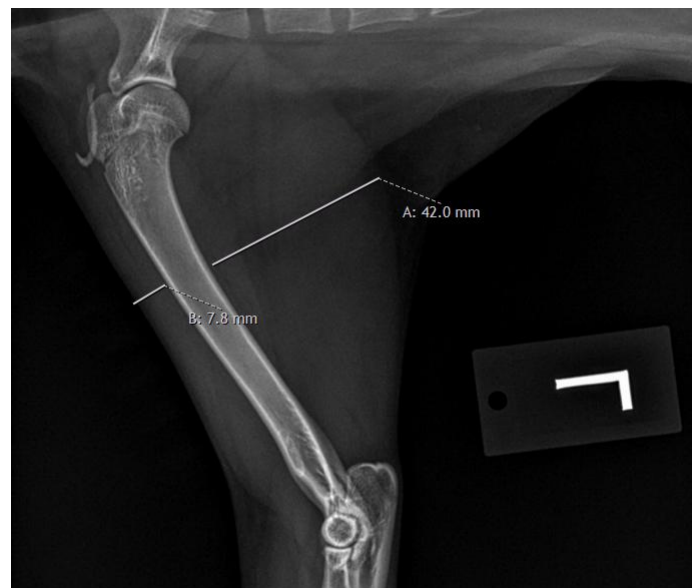
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Siamese Mix

**Heike Rudolf, DVM, Dr. med. vet., DipECVDI, DVR**  
[info@sonopath.com](mailto:info@sonopath.com)

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