



PATIENT

Winston Mahon

SPECIES

Canine

BREED

Pitbull

SEX

MN

AGE

5Y

WEIGHT

76.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Christine Haisfield

HOSPITAL NAME

Sherrills Ford Animal
Hospital

REFERRING VET

Christine Haisfield

INVOICE

72510

DATE

11-5-25

PRESENTING CLINICAL SIGNS

Acute onset of decreased mobility in back end.

Abnormal PE/Chem/CBC/UA Results: Exam: Musculoskeletal: No swellings in limbs, normal gait (with very mild historic ataxia), no limping, historic CCL tear -- stifle slightly thickened but comfortable, good ROM in hips, mild tremoring of muscles when palpating iliopsoas but no overt pain response; mild twitching when palpating along spine but no overt pain response

RADIOGRAPHS OF PELVIS, STIFLES AND PAWS

R/L lateral and VD, totaling 4 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

Hind legs

The lateral left thigh muscles appear slightly 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.

Pelvis: the center of both femoral heads appears to be located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

Stifle L: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is slightly reduced in size, and the caudal fascial plains appear to be caudally displaced by a soft tissue opacity in the joint. The remaining cranial fat pad has a striated appearance and the soft tissues cranial to joint and proximal tibia shows a layering of lucent and soft tissue opacities. New bone (NB) formation is present on the distal pole of the patella, the proximal femoral ridges, femoral condyles, tibial plateau and the tibial insertion of the cranial cruciate ligament.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is located just caudal to the intercondylar eminence of the tibia. The cranial fat pad appears physiological, and the caudal fascial plains appear to be caudally displaced. NB is present on the distal pole of the patella, the proximal femoral ridges, femoral condyles, tibial plateau and the tibial insertion of the cranial cruciate ligament.

RADIOGRAPHIC DIAGNOSIS

L stifle:

- Arthrosis
- Joint effusion
- Possible damage to patella tendon

R stifle:

- Arthrosis
- Possible caudal effusion

Incidental finding:

- LS spondylosis



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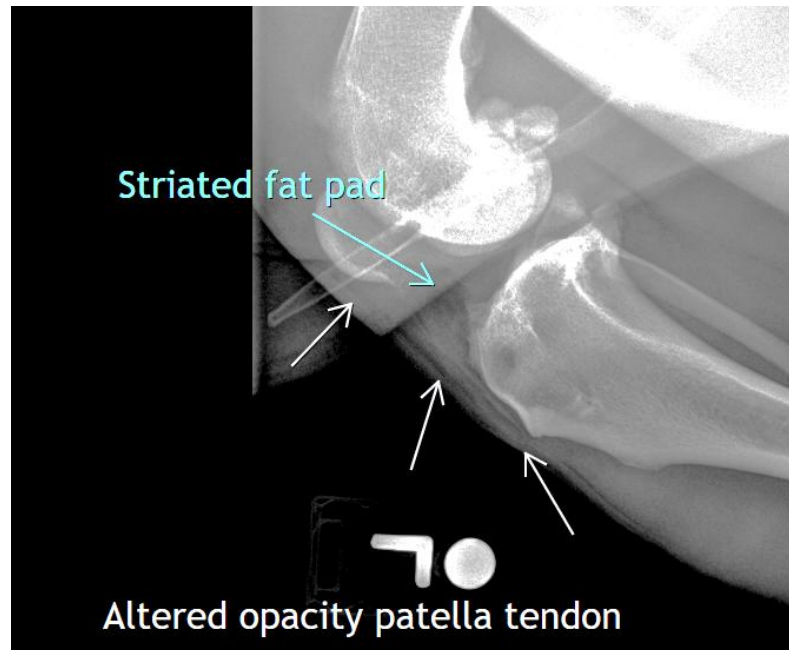
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Arthrosis is present in both stifle joints and would be compatible with chronic cruciate ligament damage causing joint fibrosis. The changes on the left also affect the distal portion of the patella tendon, which may be related to fiber damage and thus ultrasound is recommended.

The altered muscle mass of the left thigh may be the result of pelvic tilting to the left and would have to be verified with a tape measure.

TECHNICAL COMMENTS

The cranially positioned stifle joint is superimposed onto the penis bone.





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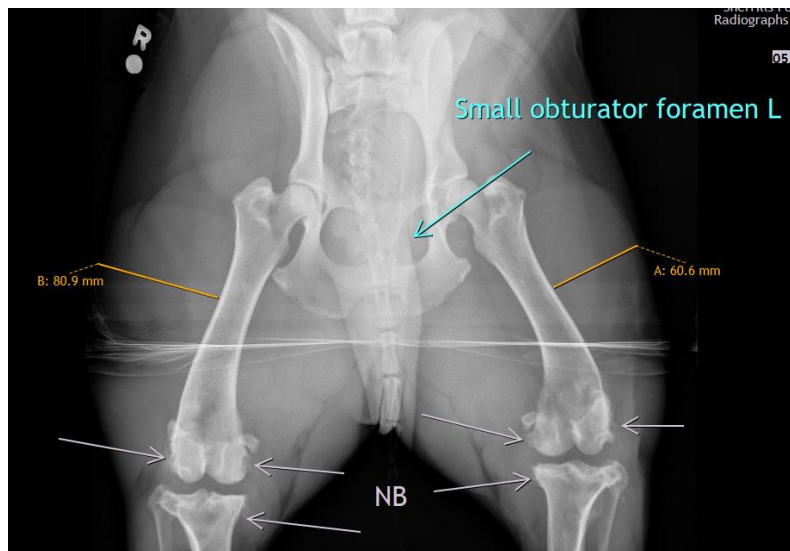
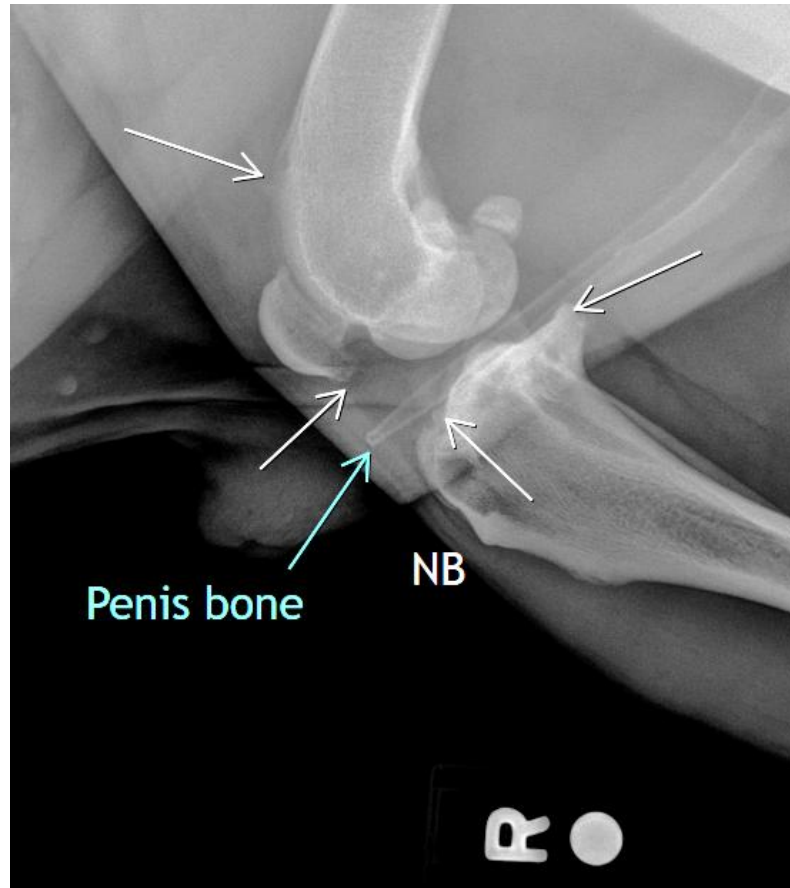
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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