



## PATIENT

Lilo Kaczor

## SPECIES

Canine

## BREED

Jack Russell

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

21

## INTERPRETED BY

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

## IMAGING PERFORMED BY

JK

## HOSPITAL NAME

Hamburg VC

## REFERRING VET

Dr. Branning

## INVOICE

35442

## DATE

11/7/25

## PRESENTING CLINICAL SIGNS

History: Limping left rear leg for several weeks

Abnormal PE/Chem/CBC/UA Results: On Rimadyl

## RADIOGRAPHIC STUDY OF THE STIFLES

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

All bones are well mineralized and have a normal trabecular structure. Cortical-medullary development and differentiation of the long bones are physiological. The lesser trochanter on the right is slightly deformed due to a bone opacity which appears to be located in a cup shaped bony prominence.

Stifle L: the joint presents 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 has a physiological size and the caudal fascial plains are visible. New bone formation is not evident, and the patella is superimposed onto the lateral condyle.

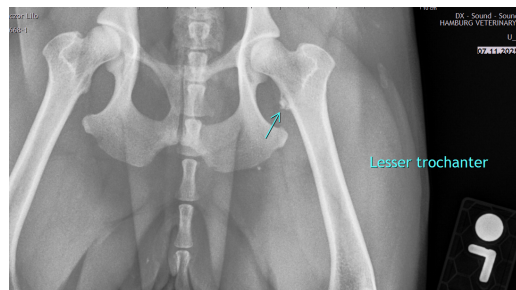
## RADIOGRAPHIC DIAGNOSIS

Left

- Alteration lesser trochanter

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The M. iliopsoas inserts on the lesser trochanter and the M. quadriceps femoris adjacent to it. It is possible that one of these muscles has caused the bony changes due to inflammation, myositis and tendinitis can occur in other regions as well. Thus, cross sectional imaging is recommended to evaluate the significance of the finding. Bilateral, comparative ultrasound can be helpful if only little surrounding soft tissue is present, though manual examination is likely more meaningful.



**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.

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