



PATIENT

Denver Singh

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

5 Years

WEIGHT

50 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AIS/MN

HOSPITAL NAME

The Collegeway AH

REFERRING VET

Dr. Ehab Hanna

INVOICE

35450

DATE

11/8/25

PRESENTING CLINICAL SIGNS

History: Limping on/off for a week, sometimes not bearing weight on the leg

RADIOGRAPHIC STUDY OF THE STIFLE

Hind legs

Both hind legs are not fully extended but the muscles appear to be symmetrically developed.

All bones appear to be well mineralized. Cortical-medullary development and differentiation of the long bones appear physiological.

Pelvis: the joint space on the right appears slightly bigger than on the left.

Stifle L: the subchondral bone surface of the more proximal located condyle on the lateral is flat; this impression is not repeated on the VD pelvis views. The center of the femoral condyles appear to be in line with the intercondylar eminence of the tibia. The cranial fat pad is overexposed. The caudal fascial plains in a physiological position. New bone formation is not evident, and the patella is centrally located.

RADIOGRAPHIC DIAGNOSIS

Stifle L

- Flat condyle

Hip joints

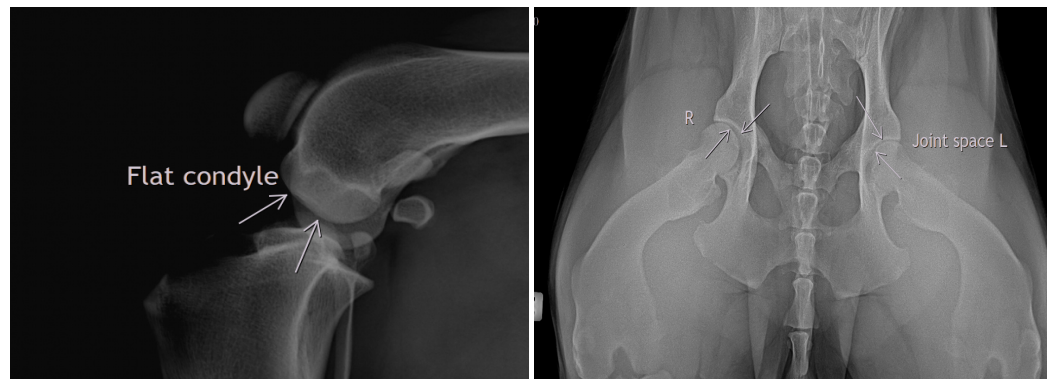
- Asymmetry

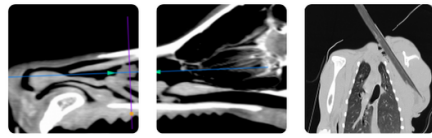
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no convincing stifle effusion and the periosteal surfaces are smooth. This suggests an intact cruciate ligament and a stable joint. A flat articular surface of one femoral condyle is compatible with osteochondrosis but in a 5-year-old dog I would expect secondary changes if this were related to the disease occurring in juvenile dogs. The narrow hip joint on the left could be significant as it suggests cartilage loss. However, this should not result in a non-weight bearing lameness. Further examinations are necessary to rule out e.g., deep digital flexor tendinitis, gastrocnemius myositis, foreign body in the paw. If no point of pain can be elicited, a contrast CT examination is recommended. The lumbar spine should be included to rule out disc disease.

TECHNICAL COMMENTS

VD views under-, lateral view overpenetrated





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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