

PATIENT

Willace Staunton

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

7

WEIGHT

21.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Soliel Gange

HOSPITAL NAME

Hart Family VC

REFERRING VET

Dr. Soliel Gange

INVOICE

35885

DATE

12/12/25

PRESENTING CLINICAL SIGNS

History: Was attacked by another dog in the home several hours ago, now non-weight bearing RF (holding leg up not dragging) and painful to palpation of antebrachium (cranial 1/3 of radius in particular). No reaction to ROM of joints. Multifocal puncture wounds over entire RF leg including in axilla.

RADIOGRAPHIC STUDY OF THE RIGHT ELBOW

Gas bubbles are present in the soft tissues cranial to the elbow joint. They are also just visible cranial to the radial diaphysis and extend in the s.c. space proximally to the distal humeral diaphysis. A thin, linear (approx. 0.8cm long) structure of bone opacity is located in the soft tissues caudal to the ulna. The adjacent cortex of the ulna appears to show a faint lysis of the same length.

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.

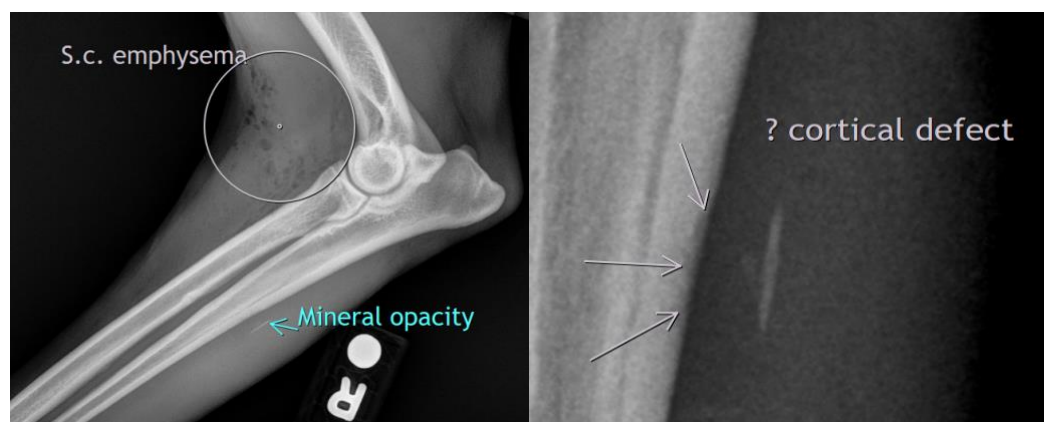
Elbows: the joints appear congruent with even surfaces.

RADIOGRAPHIC DIAGNOSIS

- S.c. emphysema elbow
- Object of bony opacity in soft tissues caudal to ulna
- Possible cortical defect

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

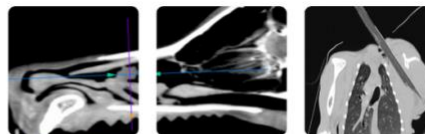
The s.c. emphysema is likely caused by the bite. The closeness to the joint suggests joint involvement and ultrasound is recommended to identify fluid and/or gas in the joint. It is not directly associated with the bony opacity but it could represent cortical separation after trauma or, less likely, a foreign object. Again, ultrasound can give more information regarding surrounding fluid and cortical defect. Should fluid still surround the linear opacity after antibiotic treatment has ceased, it may have to be removed.



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



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info@sonopath.com

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