SonoPath Teleradiology
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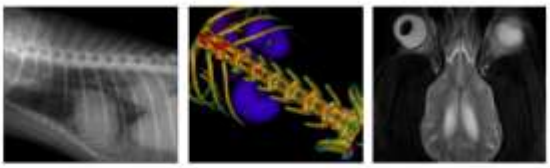


SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Kendall Allaman

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

SF

**AGE**

7

**INTERPRETED BY**

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

**HOSPITAL NAME**

Rockaway Animal Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

49103

**DATE**

12-16-21

## PRESENTING CLINICAL SIGNS

Slowly Progressing lameness, increased resp rate over past week. Spinal pain and hindleg weakness

## RADIOGRAPH OF THORAX, L-SPINE, PELVIS AND STIFLES

RLR, LLR, DV thorax, 1x lateral L-spine, 1x lateral R hock, 1x lateral L stifle, 1x VD pelvis

## RADIOGRAPHIC FINDINGS

Thorax

The body condition score is 7/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and wall calcification is evident. Some bronchial walls show a slightly thickened ring suggesting peribronchial infiltrate. The degree of pulmonary expansion is fair at best.

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and the carina is located at T5. A small amount of air is located in the cranial thoracic esophagus.

The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is evident.

Spine

No signs of aggressive osteolysis or structural alterations have been identified along the thoracic and lumbar spine.

The disc spaces appear to be of homogeneous width.

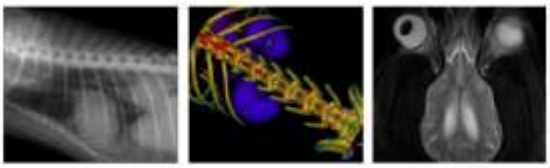
Pelvis

The muscle mass appears reduced on the left side.

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.

The centre of both femoral heads is located well lateral to the respective dorsal acetabular edge. The joint space on the left is reduced compared to the right side and subchondral, acetabular sclerosis is present. A moderate amount of new bone formation in the region of both femoral heads and necks has resulted in bilateral recontouring. New bone formation on the cranial acetabular edge has resulted in bilabiation.

L stifle



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The centre of the L femoral condyles is in line with the intercondylar eminence. The cranial fat pad has a physiological size, and the caudal fascial plains are in a physiological position. Both stifle joints have smooth subchondral bone surfaces. New bone formation is not evident in either joint and the patellae are located in their respective groove.

R hock

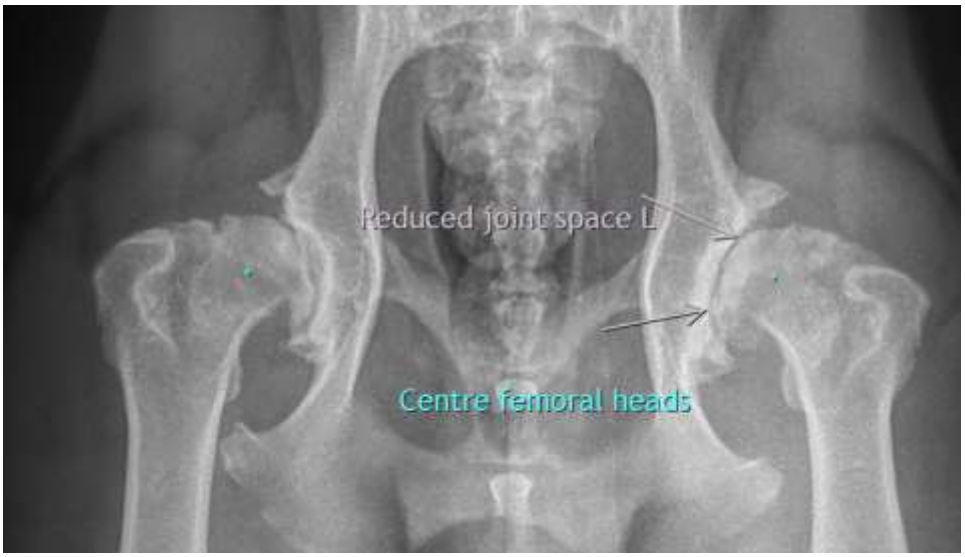
Soft tissue swelling surrounds the tuber calcis and a smooth, oval region of calcification is located on the cranio-distal aspect of the swelling.

## RADIOGRAPHIC DIAGNOSIS

- Severe HD and OA, bilateral
- Sever reduction in joint space width, left
- Muscle atrophy, left
- Insertion desmopathy gastrocnemius tendon, right
- Bronchial calcification
- Broncho-interstitial pattern, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The severe hip changes most likely cause pain but the reduced joint space on the left suggests complete loss of cartilage. Both would explain the increased inspiratory rate 8due to pain) and the hind limb weakness. Neurological deficits are usually the result of spinal disease. Accurate positioning of the spine is difficult even under G.A. and cord compression can only be identified with myelography or in cross sectional imaging. Thus, cross sectional imaging is recommended. The gastrocnemius should be assessed ultrasonographically and compared to the other side. The described lung pattern is unlikely to be causing the respiratory rate increase but, once pain relieve sets in, it should improve as well. If this is not the case, trachea-bronchoscopy and broncho-alveolar lavage is recommended.



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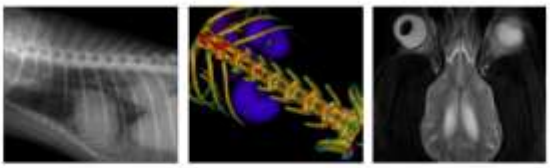

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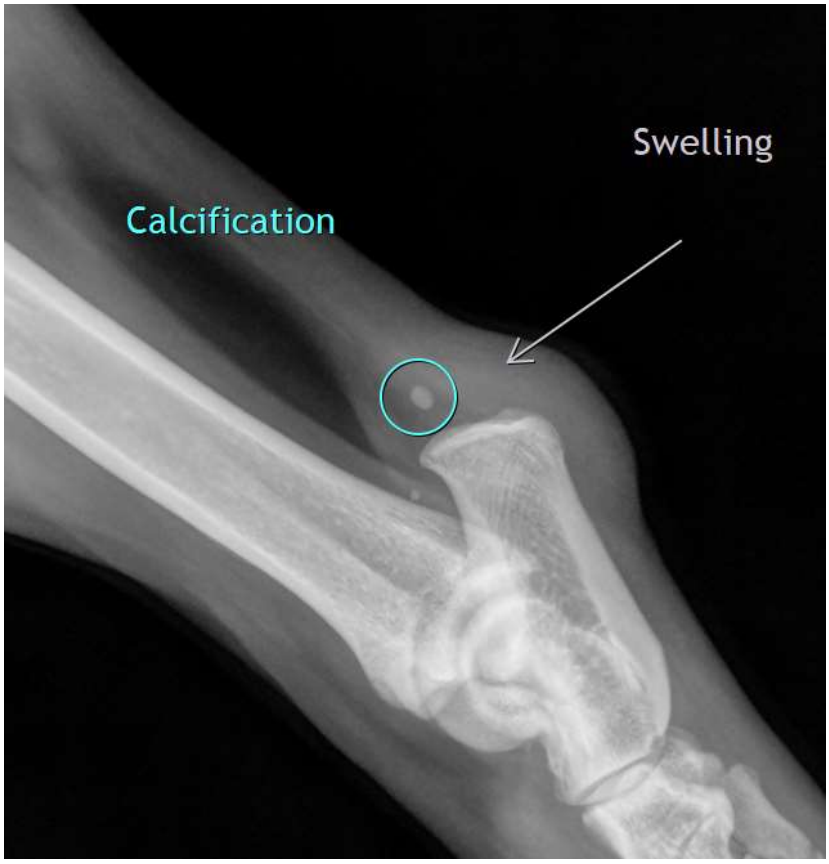


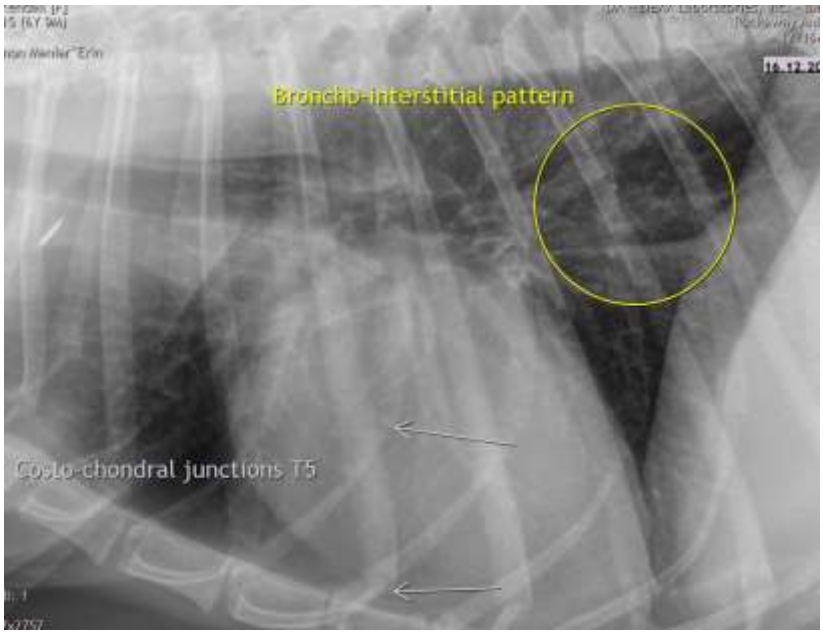

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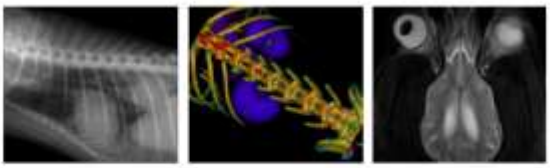

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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
Dr.H.Rudorf@gmail.com