



PATIENT

Zach Brendlinger

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

65.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

35104

DATE

12/26/25

PRESENTING CLINICAL SIGNS

History: Was rough housing outside with a 4-month-old Bernese puppy and let out a big yelp. Wouldn't put any weight on his RH and when Greg got home, he was happier and not in as much pain, here in the clinic he is more comfortable but is still limping a bit on it and sore. Hasn't had any issues with that leg before, very athletic and chases the ball.

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Grade 3/4 lameness in right hind, effusion of right stifle, mild medial buttress, pain on manipulation, no positive drawer, concern for partial cranial cruciate ligament tear.

RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

Hind Legs

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

All bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortical-medullary development and differentiation of the long bones are physiological.

Pelvis: osseous and surrounding soft tissue structures of the pelvis are within normal limits. Taking into account the left sided pelvic tilt, the center of both femoral heads is in a reasonable position in relation to respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces. A thin, sclerotic line is present on the lateral femoral head.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The cranial fat pad is reduced in size, and the remaining fat opacity appears cloudy. The caudal fascial plains appear to be caudally displaced, and the lateral and medial soft tissue structures appear thicker than on the left. New bone formation is not evident, and the patella is located centrally in its groove.

Stifle L: the joint presents with smooth, subchondral bone surfaces. The cranial fat pad appears slightly more opaque along the condyles but the cranial meniscus is visible. The caudal fascial plains are in a physiological position. New bone formation is not evident, and the patella is located centrally in its groove.

RADIOGRAPHIC DIAGNOSIS

R stifle

- Joint effusion

L hip joint

- Thin sclerotic band

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The effusion in the right stifle joint could represent inflammatory fluid or blood. In conjunction with the history of recent trauma, cruciate ligament damage is possible. The method of choice for evaluation of the cruciate ligaments is MRI, but intra-articular contrast CT or US can also be used. Alternatively, conservative treatment can be tried and if the lameness has not improved after 3 weeks, surgery may have to be considered. The sclerotic line on the left femoral head could represent superimpositioning due to tilting and outward rotation of the femur, or a small amount of new bone.



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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.

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