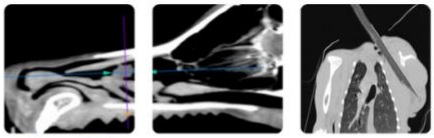


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Ella Alamilla

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

57.50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

CV

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castadena

INVOICE

35753

DATE

12/5/25

PRESENTING CLINICAL SIGNS

History: Limping 3 days ago P had difficulty rising; yesterday cried out when O picked her up from rest. Hind limbs shake when posturing to eliminate. Intermittent lameness most notable at RFL, can "warm out." Despite this, P climbs on O's high bed and jumps down—O wonders if this worsens RFL. Occ urinary accidents since RFL lameness began; most recent on O's bed. P often "humping" bedding—O wonders if irritation or UTI. PU/PD, lower energy x3 days. GA: Bright, alert, responsive; BCS 8/9, nervous but tolerant. MSK: amb x4, rising difficult, sits w LHL extended; stifle crepitus bilat; stiff/resents R elbow ROM; cervical ROM normal. GI: palpation difficult due to BCS, no obvious pain. Hx: difficulty rising, RFL lameness, bilat stifle crepitus, sits w stifles.

RADIOGRAPHIC STUDY OF THE ELBOWS AND STIFLES

R foreleg

The muscle mass is well developed.

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.

R elbow: the joints appear congruent with smooth surfaces. Medial coronoid process and subchondral bone surface of the medial condyle are physiological. The fascial plains are in physiological positions.

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 a smooth surface. Cortical-medullary development and differentiation of the long bones are physiological.

Stifles: the joints present with smooth osseous margins. The condyles are visually separated from one another on the lateral views. The cranial fat pad appears to be slightly reduced on the right; but on the lateral pelvis view both fat pads appear triangular. The caudal fascial plains are visible and straight on both sides. New bone formation is not evident, and the patellae are located centrally in their respective groove.

Additional findings

The C4/5 disc space appears narrow (possibly due to centering)

LS spondylosis

Degenerative changes L tibio-tarsal joint, caudal

Long claws R fore paw

RADIOGRAPHIC DIAGNOSIS

- Right stifle
  - Possible mildly reduced fat pad

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the right sided clinical signs. The impression of a mildly reduced R stifle fat pad is likely a technical artefact. With a history of difficulty rising and odd leg position when sitting, disc disease is a possible differential diagnosis, and the abnormal LS junction can be a sign of disc disease. I suggest repeating the neurological examination to eliminate a C-disc. Cross sectional imaging is recommended of the entire spine to detect disc prolapse/es. Soft tissue injuries

PATIENT

Ella Alamilla

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years

WEIGHT

57.50 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

CV

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castadena

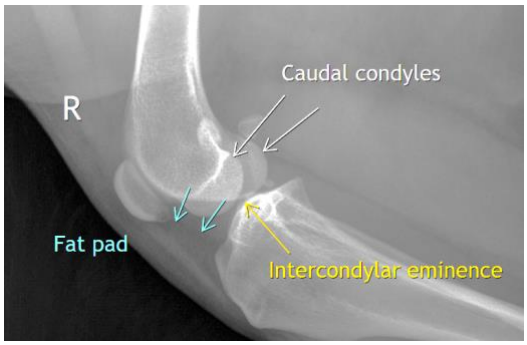
INVOICE

35753

DATE

12/5/25

can result in myositis (e.g., flexor myositis of the elbow) but are less frequent in small dogs. Inflammation of a plexus nerve can also result in unilateral foreleg lameness but will usually result in muscle atrophy.



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