



## PATIENT

Bella Pacheco

## SPECIES

Canine

## BREED

Yorkie

## SEX

Intact Female

## AGE

6Y, 4M

## WEIGHT

15.9lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

GC/CG

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Claudia Giuliani,  
DVM

## INVOICE

72914

## DATE

12-9-25

## PRESENTING CLINICAL SIGNS

Bella presents for toe-touching lameness on RH leg that started on Wednesday. Dad unsure if she hurt herself - he came home and she was limping. Has gotten progressively worse. On palpation of RH leg, felt luxating patella, and drawer sign.

## RADIOGRAPHS OF PELVIS AND RIGHT STIFLE

R lateral and VD, totaling 3 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

### Hind legs

The muscle mass on the left thigh is slightly reduced.

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. Both proximal tibiae curve medially.

Pelvis: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is located caudal to the intercondylar eminence of the tibia. The cranial fat pad is slightly reduced; the caudal fascial plains are visible. A small amount of new bone (NB) formation is present on the proximal femoral ridges. The patella is located centrally in its groove.

Stifle L: the joint presents with smooth, subchondral bone surfaces. New bone formation is not evident. The patella is partially superimposed onto the medial aspect of the medial condyle and partially located medial to it.

## RADIOGRAPHIC DIAGNOSIS

Left stifle:

- Patella luxation, medial
- Muscle atrophy thigh, mild
- Rotation proximal tibia

Right stifle:

- Cruciate ligament rupture
- Rotation proximal tibia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes support the clinical finding of a right sided cruciate ligament rupture. The left sided patella luxation has likely been present since birth. A grade 1 or 2 luxation on the right is only detectable on palpation. Treatment can be conservative or surgical. The combination of a "wedge recession osteotomy" (Slocum and Devine 1985) and a "tibial tuberosity transposition" (Singleton 1969) with the intra-articular "modified fascia over the top" technique (Brunnberg et al. 1992) or the extra-capsular "capsular and fascial imbrication" technique (Allgoewer et al. 2000) are able to create sufficient stability of the knee joint in cases of patellar luxation and concomitant cranial cruciate ligament rupture in small breed dogs. They have the added advantage of not requiring special equipment, which makes



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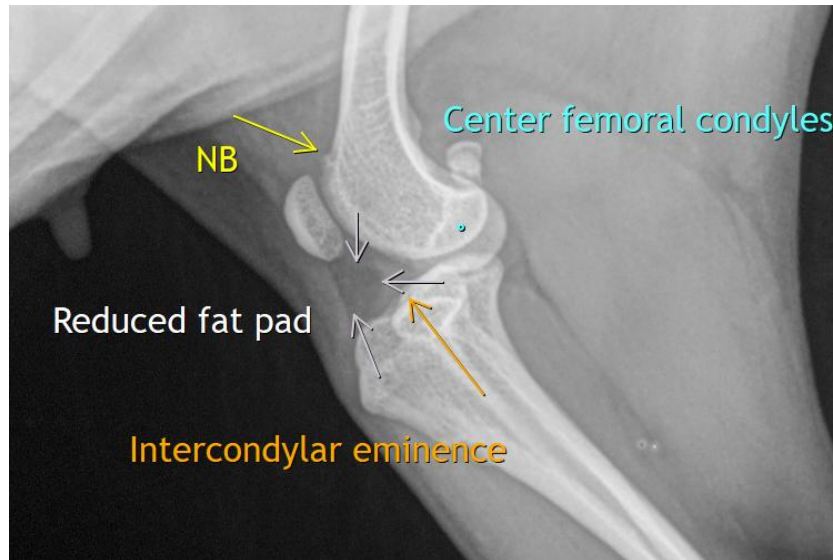
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them inexpensive and more practical compared to other techniques. Nevertheless, an orthopedic surgeon should be consulted in case surgery is the desired treatment option.





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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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)