



## PATIENT

Tovi Logan

## SPECIES

Canine

## BREED

Saint Bernard Mix

## SEX

Spayed Female

## AGE

5 Years 1 Month

## WEIGHT

111.6

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Katy Borzillo

## HOSPITAL NAME

Elizabeth AH

## REFERRING VET

Kim Allyn, DVM

## INVOICE

35844

## DATE

2/13/26

## PRESENTING CLINICAL SIGNS

- Began limping on left hind in June 2025
- Tried Adequan then Gabapentin and Meloxicam
- Started limping again on 2/11/2026
- Abnormal PE/Chem/CBC/UA Results: PE: Toe-touching lameness on the left hind limb. Instability in the left stifle with positive cranial drawer motion and pain on extension. Medial buttress present on the right hind limb.

## RADIOGRAPHIC STUDY OF PELVIS AND STIFLES

In the following, the side where the colon descends is visible in the VD pelvic view will be referred to as left (L).

### Hind legs

The muscles on the left appear reduced.

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

Pelvis: the center of both femoral heads is superimposed onto the respective dorsal acetabular edge. The left coxo-femoral joint space is slightly wider on the medial aspect. A sclerotic line is just visible along the right femoral neck.

Stifle R: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is reduced, and the caudal fascial plains are partially obliterated and caudally displaced by a soft tissue opacity in the joint. A small amount of new bone (NB) formation is evident on the distal pole of the patella, the lateral femoral ridge, fabellae and the tibial insertion of the cranial cruciate ligament.

Stifle L: the mass of the gastrocnemius muscle is reduced. The joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is markedly reduced, and the caudal fascial plains are mostly obliterated by a soft tissue opacity in the joint. A small amount of new bone formation is present on the distal pole of the patella, tibial plateau and medial condyle.

## RADIOGRAPHIC DIAGNOSIS

### Hip joints

- Bilateral mild subluxation
- Sclerotic band right femoral neck

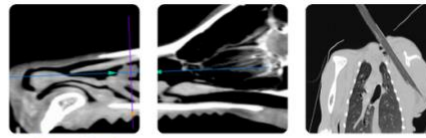
### Stifles

- Bilateral effusion, L more than R
- Bilateral arthrosis, mild

Left sided muscle atrophy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue opacity in the stifle joints can be due to fluid or fibrosis and suggest bilateral cruciate pathology. The loss of muscle mass on the left indicates severe lameness which could be due to a complete cruciate ligament rupture or neuropathy. The latter depends on the length of clinical signs



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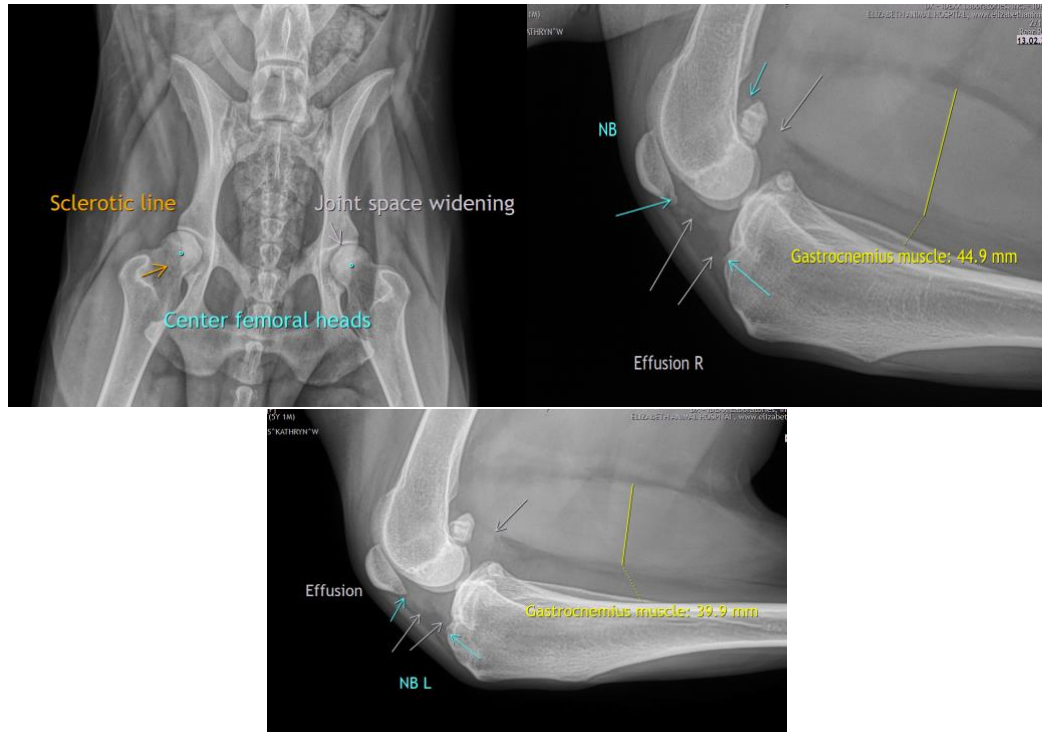
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and onset of lameness. Should there be any doubt regarding the cause of the muscle atrophy, cross sectional imaging of the lumbar plexus including the lumbar spine is recommended.

**TECHNICAL COMMENTS**

Possible incorrectly positioned side marker on VD pelvis



**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., DipECVDD, DVR  
[info@sonopath.com](mailto:info@sonopath.com)