



PATIENT PRESENTING CLINICAL SIGNS

Rose Reynolds History: Limping and check skin

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Skin: Good hair coat, no signs of ectoparasites. Mild to mod generalized erythema. Thick crusting caudodorsum. Musculoskeletal: Ambulatory x4, toe touching lame LH. Painful on extension of L hip. BCS 6/9 Neurological: Appropriate

RADIOGRAPHIC STUDY OF PELVIS AND STIFLES

The less extended hind leg is referred to as the **left** in the following report.

BREED

Black Mouth Cur

Pelvis

The muscle mass on the lateral aspect of the left femur appears reduced compared to the right.

SEX

Spayed Female

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.

AGE

6 Years

The centre of the right femoral head is located medial to the respective dorsal acetabular edge. On the left it is located lateral to it. Both hip joints appear congruent with even subchondral bone surfaces. No new bone formation is evident.

Stifle

The stifle joint has smooth subchondral bone surfaces, and the centre of the femoral condyles appears to be in line with the intercondylar eminence. The cranial fat pad is reduced by a soft tissue opacity within the joint; the caudal fascial plains are almost obliterated by it. Medial buttressing appears to be present. A small amount of new bone formation is located on the lateral condyle and lateral aspect of the tibial plateau as well as on the distal patella and one sesamoid bone.

INTERPRETED BY

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

RADIOGRAPHIC DIAGNOSIS

HOSPITAL NAME

Left stifle

DPC Veterinary
Hospital

- Joint effusion
- Mild OA
- Mild muscle atrophy

REFERRING VET

Mild hip subluxation, left

Dr. White

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are suggestive of cruciate ligament damage. Appropriate clinical examinations will have to be conducted on a heavily sedated animal to prove this clinically. Depending on the duration of the clinical signs, gastrocnemius myositis, neuritis and tendinitis are differential diagnoses. In the latter cases, contrast CT or MRI are recommended.

INVOICE

21156

TECHNICAL COMMENTS

DATE

2/16/23



PATIENT

No side marker on the images. Identified as RH pelvis VD Pelvis and RH pelvis VD Knee

Rose Reynolds

SPECIES

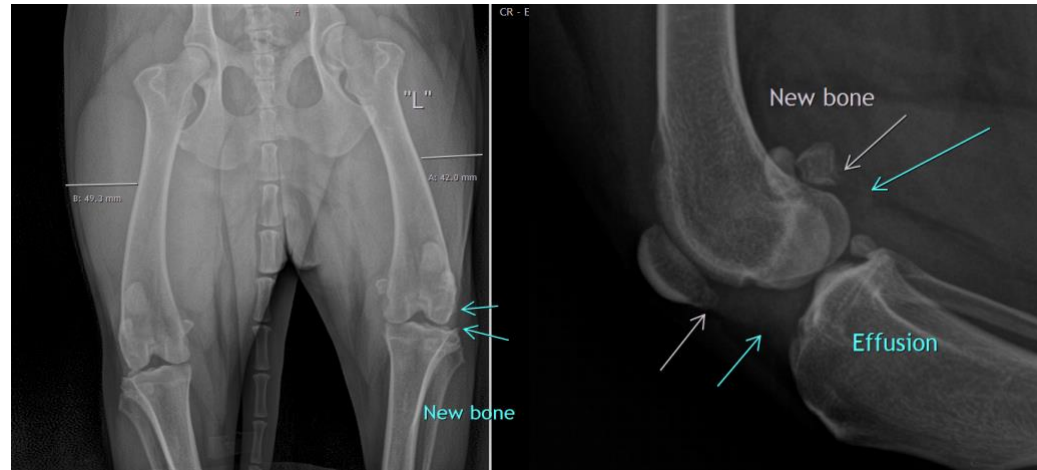
Canine

BREED

Black Mouth Cur

SEX

Spayed Female



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.

AGE

6 Years

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.

INTERPRETED BY

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