



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sal Dauffenbach **PRESENTING CLINICAL SIGNS** History: 1 and 1/2 weeks of mild limping that is worsening after exercise; rest for a weekend made a little difference, but as soon as she is back to playing, she starts limping. Mild swelling of the RF carpus, no pain upon palpation.

SPECIES Abnormal PE/Chem/CBC/UA Results: Heart murmur present, cardiologist review revealed mitral valve regurgitation. Asymptomatic.
Canine

RADIOGRAPHIC STUDY OF THE THORAX AND CARPI

BREED Thorax

Golden Retriever The body condition score is 6/9 with smooth alternating layers of fat and soft tissue opacity. The bony structures appear physiological.

SEX The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.
Spayed Female

AGE The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae and dips at the carina.

3 Years The cardiac silhouette occupies 75% of the chest height and 3 intercostal spaces. No chamber or outflow tract enlargement is obvious.

INTERPRETED BY Carpus L

Heike Rudorf, DVM, Dr. med. Vet., DipECVDI DVR A small amount of smooth new bone formation is located on the cranio-distal radius. The trabecular structure of the caudo-distal radial medulla is reduced, resulting in a lucency. On the DP carpal view the left distal radius shows a loss of trabecular structure which extends proximal for approx. 3cm. A mild medial soft tissue swelling appears to be present.

HOSPITAL NAME RADIOGRAPHIC DIAGNOSIS

- Stuga North VC**
- Left radius
 - lucency distal medullary cavity
 - possible mild, medial soft tissue swelling

REFERRING VET

Julie Vezzetti

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

21174

DATE

2/17/23

Lytic changes in the distal radius can be due to infection (e.g. bacterial, fungal) or bone tumour (e.g. osteosarcoma, hemangiosarcoma, fibrosarcoma). Further tests are necessary, especially as the dog is very young. A CT examination will show the extend of the medullary changes and can identify possible joint involvement. I can see no metastases or lymphadenomegaly in lungs and thorax but a CT examination is more sensitive to small nodules. Lymphadenomegaly may be present in the leg. Fore a definitive diagnosis a biopsy is necessary, which should be submitted for histological and bacteriological examination.



PATIENT TECHNICAL COMMENTS

Sal Dauffenbach Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports I suggest submitting DICOM images in the future.

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

3 Years

INTERPRETED BY

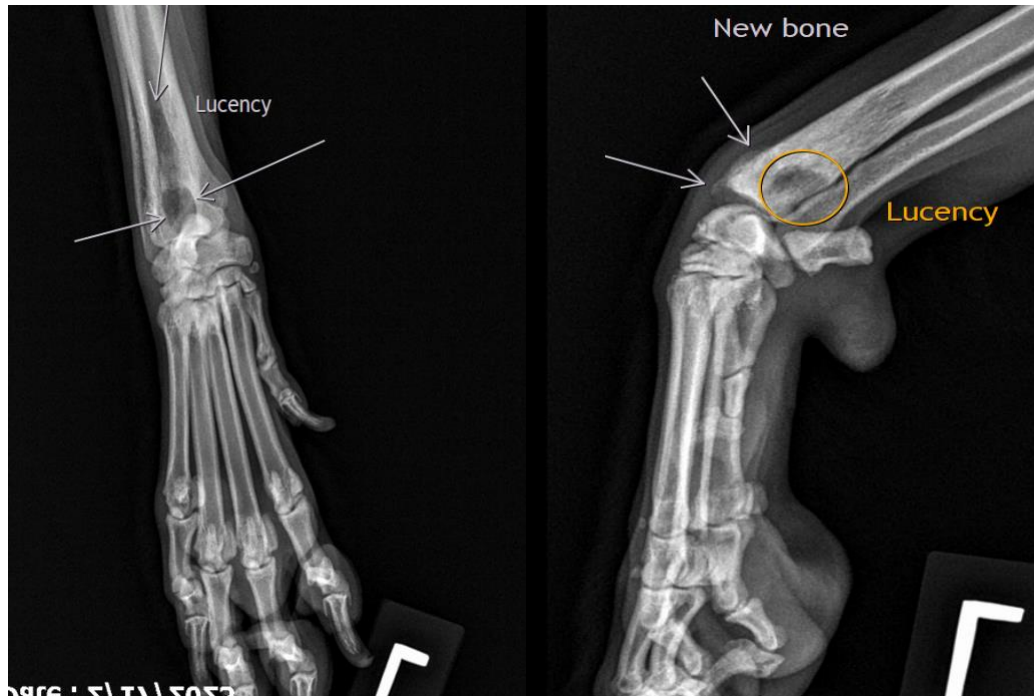
Heike Rudorf, DVM,
Dr. med. Vet.,
DipECVDI DVR

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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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com

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SPECIES

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