

**PATIENT**

Rosie Stankiewicz

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

3 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

Bergen County  
Veterinary Center

**REFERRING VET**

Dr. Halloran

**INVOICE**

50377

**DATE**

2-18-22

**PRESENTING CLINICAL SIGNS**

Patient has been limping for the past 4-5 weeks. Owner thinks it's the R front limb. On exam, the patient seems slightly more protective/reactive to palpation of the R elbow than the L, but has no long bone pain or decreased ROM. The patient is known to sit on the top of doors and jump from a height of appx 7 feet.

Abnormal PE/Chem/CBC/UA Results: BW unremarkable

**RADIOGRAPH OF THE ELBOWS**

2x R lateral, 2x cranio-caudal both, 1x L lateral, 4x r cranio-caudal

**RADIOGRAPHIC FINDINGS**

The skin surfaces are smooth, and the surrounding musculature is symmetrically and well developed.

The long bones have smooth surfaces, are well mineralized with a physiological cortico-medullary differentiation.

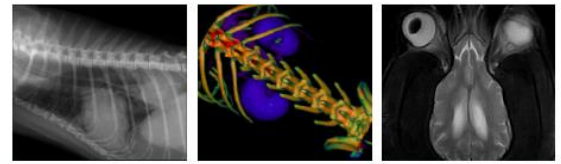
Both elbow joints are congruent with smooth, subchondral bone surfaces. Both medial coronoid processes have a smooth and pointed tip.

**RADIOGRAPHIC DIAGNOSIS**

- I can see no abnormalities

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The bony structures appear physiological. To identify flexor tendinitis and myositis, a contrast CT or MRI examination is necessary.



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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., DipECVDDI, DVR**  
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