



PATIENT

Aloysius Connelly

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years 5 Months

WEIGHT

6.38 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

35927

DATE

2/20/26

PRESENTING CLINICAL SIGNS

History: Ongoing medial luxating patella, starting to bother him more, curious about surgery

Abnormal PE/Chem/CBC/UA Results: Exam: Mouth/Teeth: Stage 2-3 dental disease with small incisors or premolars that may require extraction Musculoskeletal: Bilateral medial patella luxations with muscle atrophy of hind limbs

RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

Hind legs

The muscles on the lateral aspect of the left and the medial aspect of the right hind leg appear to be slightly asymmetrical.

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. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces. The right femur is incompletely extended but femoral neck and femoral diaphysis appear to be in line with one another thus, the angle appears to be increased. These changes are less prominent on the left.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The condyles are visible separately and the edges of tibial plateau are not aligned whereas the tarsus is in a physiological position. The cranial fat pad has a physiological size, and the caudal fascial plains are visible. New bone formation is not evident. The patella is located medial to its groove on the VD and superimposed onto the condyles on the lateral view. Stifle joint and tibial crest point medially on the VD views; the medial joint space is slightly wider than the lateral one.

Stifle L: the changes on the VD view appears similar to the ones described for the right, but less pronounced.

RADIOGRAPHIC DIAGNOSIS

Bilateral

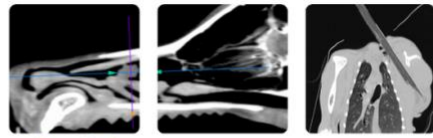
- Medial patella luxation (MPL)
- Possible asymmetrical muscle atrophy

Right

- Coxa valga
- Genu varum

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Congenital MPL has been described in association with e.g., alterations in limb conformation, increased distal femoral varus, shallow trochlear sulcus, medial torsion of the tibial tubercle and hypoplastic medial femoral condyle. Diagnosis and quantification of femoral varus and femoral torsion using radiographs prior to surgery is technically challenging due to the difficulty in determining proper positioning. Three-dimensional CT measurement of femoral angles has been proposed, if well positioned radiographs are not obtainable, as often occurs in dogs with grade 3 or 4 MPL. However, I feel that surgical correction of the MPL alone will not suffice in the long run and a combination with a “distal femoral closing wedge osteotomy” may have to be considered. Advise should also be sought from an orthopedic surgeon.



PATIENT

Aloysius Connolly

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years 5 Months

WEIGHT

6.38 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Allison

HOSPITAL NAME

Elizabeth AH

REFERRING VET

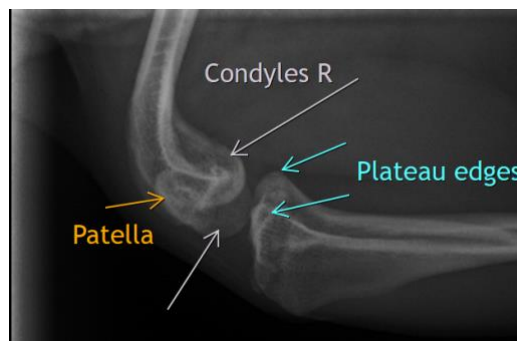
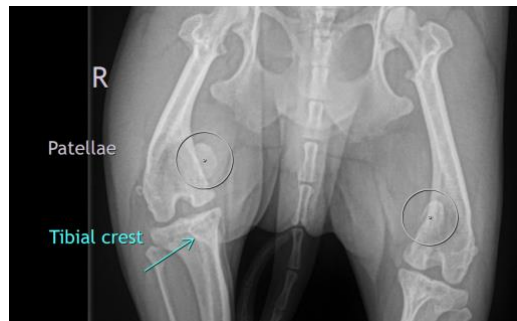
Leon Anderson, DVM

INVOICE

35927

DATE

2/20/26



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.



PATIENT

Aloysius Connelly

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

8 Years 5 Months

WEIGHT

6.38 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Allison

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Leon Anderson, DVM

INVOICE

35927

DATE

2/20/26

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