



**PATIENT PRESENTING CLINICAL SIGNS**

Ruby Byrnes History: sedated stifle radiographs for chronic (2y) lameness L pelvic limb. Suspect partial CCL tear with secondary stifle DJD. P has mild lameness on L pelvic limb and sits with this knee slightly extended

**SPECIES** Abnormal PE/Chem/CBC/UA Results: PE: mild stifle effusion L>R, no luxation on drawer/thrust testing. Hips, paws, tarsi palpate WNL. Thoracic limbs WNL. CBC/chem/ua/T4: WNL

Canine **RADIOGRAPHIC STUDY OF THE STIFLES**

**BREED** 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.

Golden Doodle On the left size of the medial thigh muscles is reduced. The cranial fat pad is reduced and the fascial plains partially obscured by a soft tissue opacity within the joint. Slight medial buttressing is present. The subchondral and periosteal bone surfaces are smooth; the centre of the femoral condyles is in line with the intercondylar eminence. New bone formation is evident on the tip of the patella.

**SEX**

Spayed Female The right stifle joint has smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad has a physiological size and the caudal fascial plains appear slightly compressed distally. A small amount of new bone formation is evident on the tip of the patella.

**AGE**

7

**RADIOGRAPHIC DIAGNOSIS**

L stifle

- Joint effusion/fibrosis L stifle
- Muscle atrophy, medial

**INTERPRETED BY**

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

R stifle

- Very mild change in size of the caudal fascial plains

**HOSPITAL NAME**

Northshore VH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The changes are suggestive of cruciate ligament disease, probably with disruption of fiber alignment. However, with a 2-year long history there is remarkable little new bone formation. Possible diseases to be considered are: myositis of the gastrocnemius muscle bellies, tendinitis, LS disc disease and neuropathy of the lumbar plexus. Cross sectional imaging is only indicated if the clinical signs are related to these regions.

**REFERRING VET**

Karla Schultz

**INVOICE**

21285

**DATE**

2/24/23



**PATIENT**

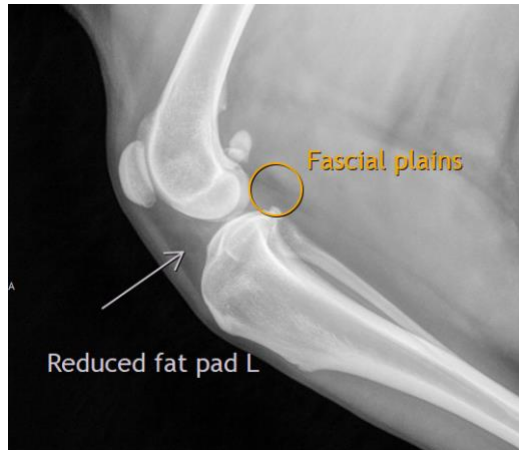
Ruby Byrnes

**SPECIES**

Canine

**BREED**

Golden Doodle



**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**

7

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**  
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