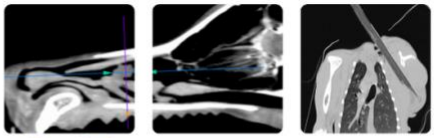

PATIENT

Charlie Mehrer

SPECIES

Canine

BREED

Dalmation

SEX

Neutered Male

AGE

9 Years Months

WEIGHT

72 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Kim Allyn, DVM

INVOICE

36013

DATE

2/27/26

PRESENTING CLINICAL SIGNS

History:

- Was seen last week for hind end lameness
- Seems like he is lame in his hips, mainly on the left side
- He did injure it last year
- Slipped on getting into the car and on the floor last week
- Sent home with Rimadyl and Gabapentin and that seemed to help
- Moving around better, still slow using the stairs

Abnormal PE/Chem/CBC/UA Results: PE: Circulatory System: 2/6 heart murmur left base Coat/Skin: Brown staining on perianal region. Musculoskeletal: Grade 2 lameness left hind; normal range of motion; suspected soft tissue injury or cranial cruciate ligament involvement; recurrent lameness; No pain with range of motion or manipulation of hind legs, Uncomfortable with palpation of lumbar spine.

RADIOGRAPHIC STUDY OF PELVIS AND STIFLES

The included lumbar vertebrae appear physiological.

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

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. A small, ossicle is located on the distal aspect of the major tubercle.

Stifle L: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad has is moderately reduced and the caudal fascial plains almost obliterated by a soft tissue opacity in the joint. A small amount of new bone formation is present on one proximal femoral ridge, the distal pole of the patella and on one fabella. The patella is superimposed onto the lateral condyle.

Stifle R: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad has is slightly reduced and the caudal fascial plains are slightly caudally displaced by a soft tissue opacity in the joint. New bone formation is not evident, and the patella is superimposed onto the lateral condyle.

RADIOGRAPHIC DIAGNOSIS

L stifle

- Effusion, moderate
- Arthrosis, mild

R stifle

- Effusion, mild

Incidental finding

- Ossicle major tubercle L

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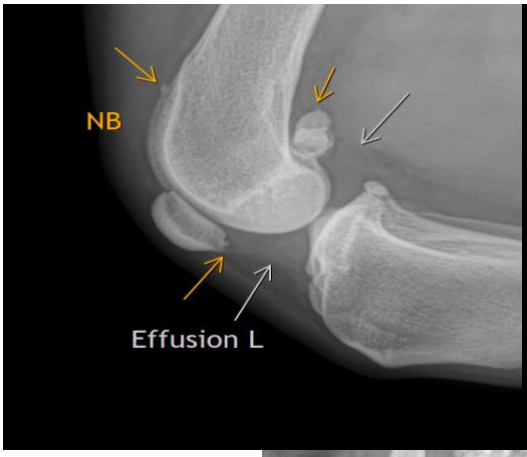
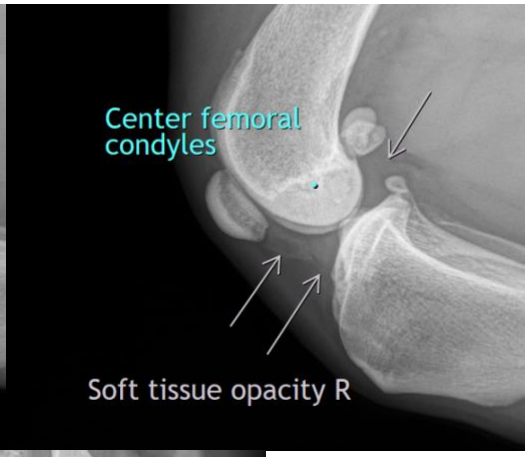
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The moderate effusion may have been caused by bleeding or cruciate ligament damage. As there is no obvious lameness, hemorrhage is unlikely. The absence of pain on manipulation and apparent stability on clinical examination, makes a tear or partial rupture likely. Conservative treatment for at least 6 weeks is advised, especially as there is a mild effusion on the right as well. Hydrotherapy and swimming will help avoid muscle atrophy without further damaging the joints.

The ossicle on the tubercle is likely located in a muscle and usually of no significance.





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
info@sonopath.com