



**PATIENT PRESENTING CLINICAL SIGNS**

Calvin Rawsthorne History: OF ITCHY EARS, LAMENESS LHL  
 Abnormal PE/Chem/CBC/UA Results: LEFT PATELLA MOVING INWARD, PAIN AT THE LEVEL OF THE THORACOLUMPER AREA BLOODWORK SHOWED MILD HYPERGLYCEMIA, HYPERALBUMINEMIA.

**SPECIES RADIOGRAPHIC STUDY OF THE L-SPINE AND STIFLES**

Canine

**L-Spine**

**BREED**

Chihuahua

A mild kyphotic appearance is present at the thoraco-lumbar junction. The disc spaces at that level are narrow due to superimpositioning of the endplates. The cranio-ventral aspect of the vertebral body of L2 shows a crescent shaped, thin, radiolucent line which appears to separate a 3mm long bone fragment from the vertebra. A ventral soft tissue swelling is not obvious.

**SEX**

**Stifle**

Neutered Male

The 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 are in a physiological position. New bone formation is not evident. On the VD view ¾ of both patellae is located medial to the femoral ridge and on the lateral dogo-gram one patella is clearly superimposed onto the condyles.

**AGE**

7 Years

**RADIOGRAPHIC DIAGNOSIS**

**INTERPRETED BY**

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

- Unilateral patella luxation
- Lucent line vertebral body L2
- Mild kyphosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

St.Catharine's AH

A unilateral patella luxation is present; the position of both patellae on the VD view suggests a bilateral disease. However, this is likely to be congenital and thus does not fully explain an acute, unilateral lameness.

**REFERRING VET**

Dr. Masoud

Accurate positioning of the spine is difficult even under G.A. and cord compression can only be identified with myelography or in cross sectional imaging. The lucent line on the ventral aspect of L2 could be an artefact due to the superimposed rib and spondylosis or could represent a fracture with a displaced fragment. Depending on the severity of the clinical signs, CT or MRI is recommended to rule out disc disease and fracture.

**INVOICE**

13729

**TECHNICAL COMMENTS**

No side marker on lateral stifle view.

**DATE**

2/3/22



**PATIENT**

Calvin Rawsthorne

**SPECIES**

Canine

**BREED**

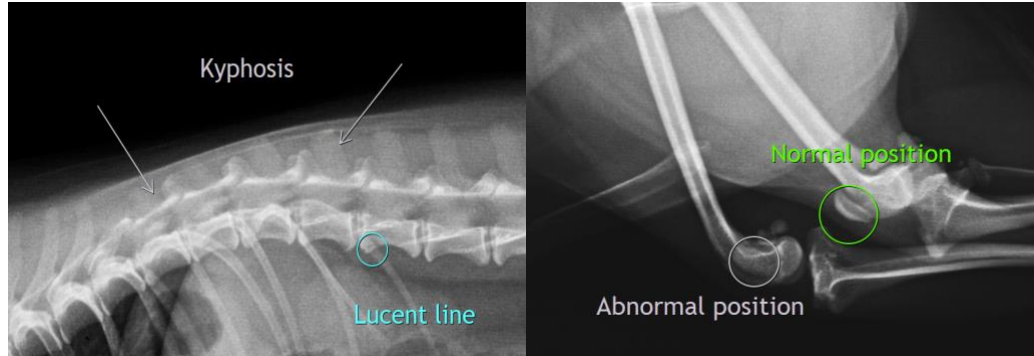
Chihuahua

**SEX**

Neutered Male

**AGE**

7 Years



**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.

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**INTERPRETED BY**

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Dr. med. Vet.,  
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