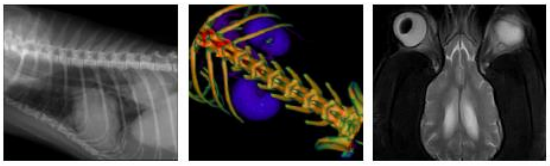

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1-800-838-4268 info@sonopath.com

**PATIENT**

Joy Benyamine

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

6 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

St. Catharine's AH

**REFERRING VET**

Dr. Gwany

**INVOICE**

21583

**DATE**

3/10/23

## PRESENTING CLINICAL SIGNS

History: A month ago the dog was playing in the backyard with owner and then started limping on hind limbs. Was treated with NSAIDs and gabapentin for 2 weeks and got better but started limping again. X-rays were taken a month after the initial injury. Currently still able to bear weight on legs, in the morning it's hard to get moving, after a few hours she's able to walk better. After long walks she starts to lift her right hind leg.

## RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

The medullary opacity of the left femur appears to be increased.

The centre of both femoral heads is located medial to the respective dorsal acetabular edge. Both hip joints appear congruent with even subchondral bone surfaces. No new bone formation is obvious.

Both stifle joints have 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, and the patellae are superimposed onto the medial condyle.

## RADIOGRAPHIC DIAGNOSIS

- Possible muscle atrophy right thigh

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no bony abnormalities that would explain the clinical signs. However, the status of the soft tissue structures such as muscle, tendon and joint capsule cannot be evaluated radiographically. The potential muscle loss could be due to tendinitis, e.g., flexor- or Achilles tendon, myositis, e.g., of the gastrocnemius muscles, or neuritis. Cross sectional imaging is recommended to rule put these diseases. Due to a reduced muscle mass, the medullary opacity will be changed.

## TECHNICAL COMMENTS

Non-DICOM images were submitted. The transformation from DICOM to other formats reduces the image quality and only allows limited manipulation of the image. More subtle lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future. The left lateral thigh muscle is outside the collimated area.

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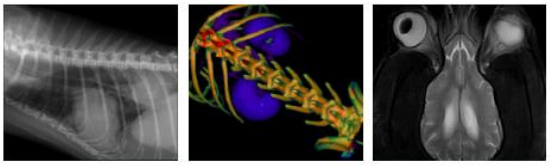

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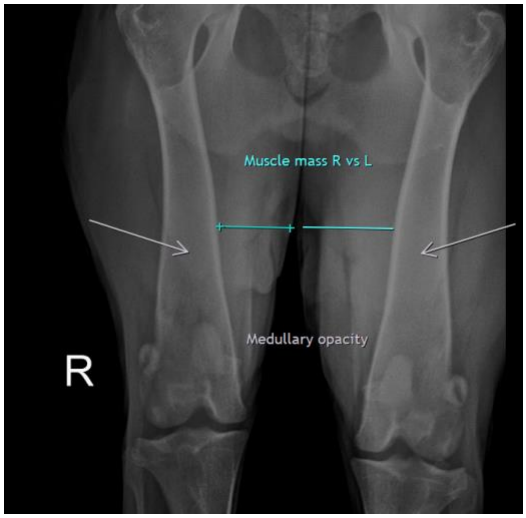


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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 Rudorf**, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com