



PATIENT

King Brown

SPECIES

CAnine

BREED

Pitbull

SEX

Male

AGE

11.5Y

WEIGHT

66lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr Giuliani

INVOICE

74270

DATE

3-18-26

PRESENTING CLINICAL SIGNS

Recheck rads from 2 days ago fasted to recheck for FB, o fed pt between 7-8am today. No v/d pt eating normally. Also reassessing for possible prostatitis.

O reported pt limping on rt front leg, no pain on palpation/extension of entire leg.

RADIOGRAPHS OF RIGHT ELBOW AND ABDOMEN

R/L lateral and VD abdomen, 2 orthogonal elbow views, totaling 8 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

The muscle mass appears physiologically developed.

Cortico-medullary development and differentiation of the long bones are physiological.

Shoulders: spurs of new bone (NB) are located on the caudal edges of the shoulder joint. The proximal humerus/humeral head/greater tubercle shows a heterogenous opacification with lucent areas, this is only visible on the lateral view. The visible trabeculation appears to be preserved.

Elbow: the joints appear congruent with even surfaces.

Abdomen: the body condition score is 5-6/9 with smooth, alternating layers of fat and soft tissue opacity.

LS spondylosis is present. Osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is located lateral to the respective dorsal acetabular edge. Both joints are incongruent. A large amount of new bone is located on the femoral necks

The caudal abdominal organs are surrounded by a small amount of fat; diaphragm and abdominal wall are intact.

The liver is located within the costal arch.

The spleen appears physiological.

The stomach is moderately distended with air. Distribution, size and opacity of the small intestinal loops appear physiological. Caudally the small intestinal loops are ventrally located due to the fecal matter in the colon. Colon and rectum contain a large to moderate amount of formed fecal matter. The rectum is in a physiological position

Both renal shadows are difficult to see. The bladder is moderately full and just visible cranial to the pubic brim.

A prostatic shadow is not obvious.

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

Right:

- Shoulder arthrosis, mild
- Possible medullary lucency proximal humerus

Incidental findings:



PATIENT

King Brown

- Spondylosis
- Bilateral HD
- Bilateral hip arthrosis
- Full large intestine

SPECIES

CAnine

BREED

Pitbull

SEX

Male

AGE

11.5Y

WEIGHT

66lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr Giuliani

INVOICE

74270

DATE

3-18-26

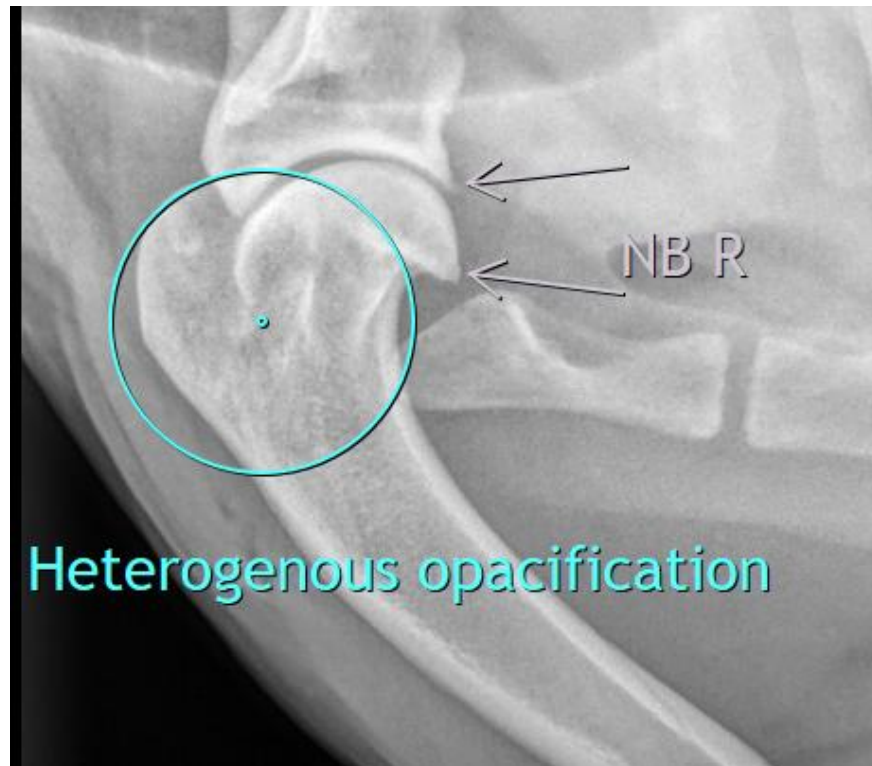
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lucent changes in the humerus could be caused due to superimpositioning onto the pectoral muscles. I suggest obtaining a view with the leg well cranially extended and the beam centered on the shoulder joint. Should concerns still be present, the same view of the left leg should be used as a comparison. Alternatively, a CT examination can be carried out of both fore legs; the contrast study will help identify changes such as flexor myositis and tendinitis (e.g., on the paw).

I can see no signs of intestinal foreign body or ileus. The prostate appears to be located in the pelvic canal and is thus small. Should blood be present in the urine, an ultrasound examination of the urogenital tract is recommended.

TECHNICAL COMMENTS

I have only received images dated 18/03/2026.





PATIENT

King Brown

SPECIES

CAnine

BREED

Pitbull

SEX

Male

AGE

11.5Y

WEIGHT

66lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

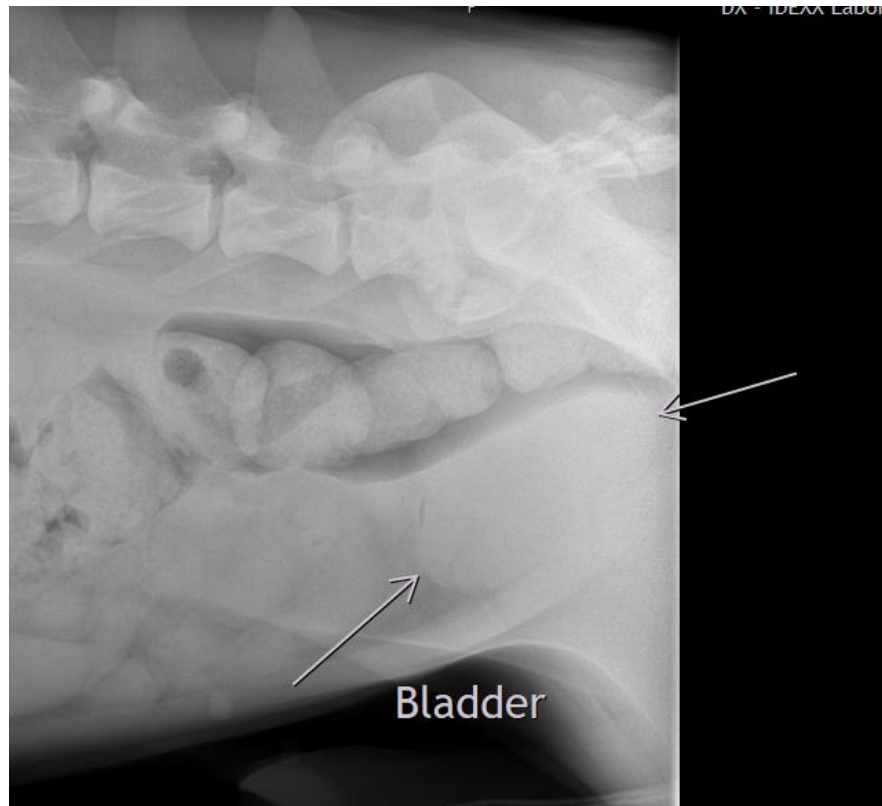
Dr Giuliani

INVOICE

74270

DATE

3-18-26



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.

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