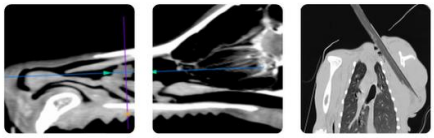

PATIENT

Trooper Bogannam

SPECIES

Canine

BREED

Retriever Mix

SEX

NM

AGE

13.5Y

WEIGHT

42.6lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jen Amidon

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr Giuliani

INVOICE

74251

DATE

3-18-26

PRESENTING CLINICAL SIGNS

Arthritis, xrays for arthritis treatments

RADIOGRAPHS OF L-SPINE, PELVIS AND STIFLES

R/L lateral and VD, totaling four radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

L-Spine

The surrounding soft tissue structures appear physiological.

Number and shape of the vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine.

The facet joints are visible.

The disc spaces L2-4 appear slightly narrower than the rest.

Hind legs

The muscles of the left upper thigh are poorly developed, and a semicircular soft tissue opacity arises from the cranial skin surface. An ovoid fat opacity appears to be present in the soft tissues lateral to the right proximal femur.

The open growth plates are compatible with the given age.

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: taking into account the mild tilting to the left, the center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces. The left joint space appears slightly narrower than the right.

Stifle L: the joint presents with smooth, subchondral bone surfaces. The cranial fat pad has a physiological size, and the caudal fascial plains are in a physiological position. Small osteophytes are present on one fabella, the distal pole of the patella and in the fossa for the extensor process.

Stifle R: the medial condyle is highlighted in lateral recumbency. The condylar subchondral bone surfaces appear smooth. The cranial fat pad is just visible. New bone formation is not obvious.

RADIOGRAPHIC DIAGNOSIS

L2-4:

- Disc space narrowing, mild

L stifle:

- Skin mass
- Muscle atrophy
- Very mild arthritic changes

R hind leg:

- Fatty mass

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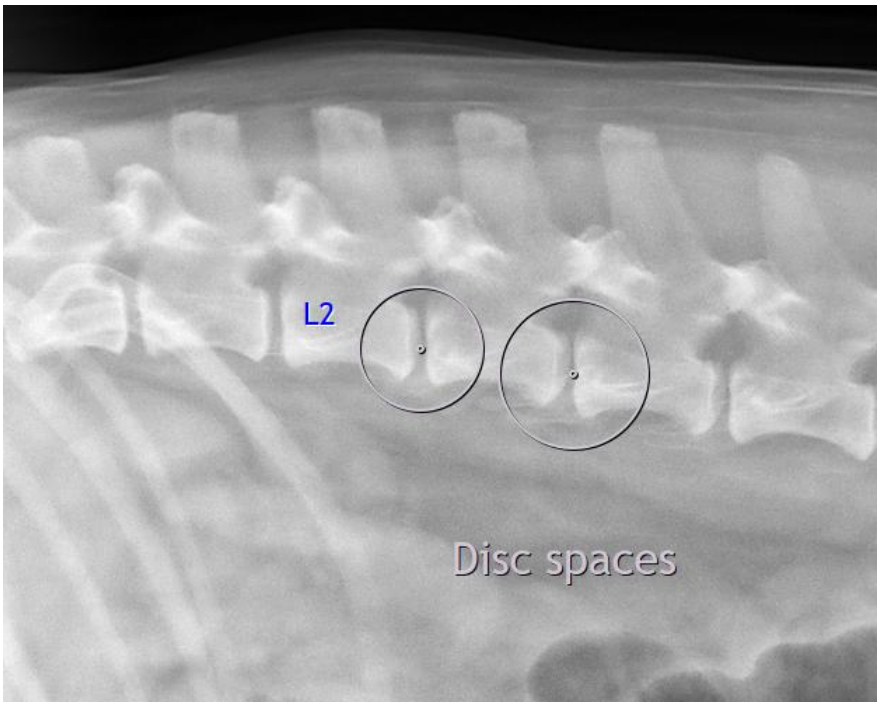
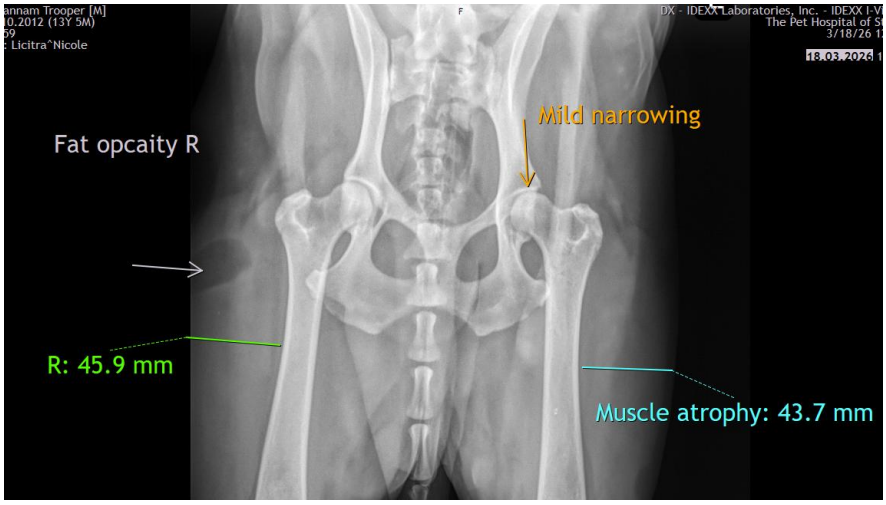
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. I can see no cause for the left sided muscle atrophy thus neuropathy (e.g., neuritis, nerve tumor) will have to be considered. This can be demonstrated in cross sectional imaging and MRI is the gold standard. However, a clinical examination will have to rule out changes in tarsus (e.g., arthrosis due to OCD) and chronic pain in the paw (caused by e.g., nail bed infection) which may have led to a slow decline of muscle mass. Furthermore, a tape measure should be used to clinically confirm the presumptive radiographic diagnosis of atrophy.





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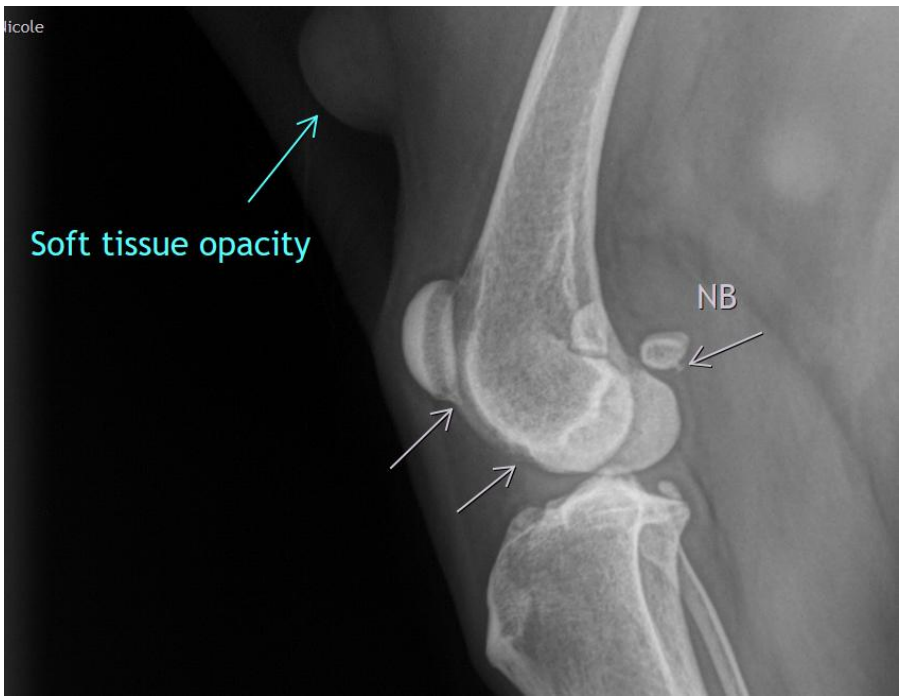

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com