



## PATIENT

Libby Quiram

## SPECIES

Canine

## BREED

Collie

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

78

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Technician

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

14523

## DATE

03/20/26

## PRESENTING CLINICAL SIGNS

stiff, groaning a bit when laying down. Intermittent front limb lameness

Abnormal PE/Chem/CBC/UA Results: Obese, decreased ROM lumbar spine

## RADIOGRAPIC STUDY OF THE SPINE, PELVIS, SHOULDERS AND ELBOWS

R/L lateral and VD, totaling 11 radiographs provided for interpretation (no images of the entire pelvis are included)

20.03.2026

## RADIOGRAPHIC FINDINGS

Spine: a moderate amount of s.c. fat is visible.

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

The facet joints are visible.

The disc spaces L2-4 are slightly decreased, and ventral spondylosis is present.

Shoulders: the joints appear congruent with even subchondral bone surfaces.

Elbows: an oval lucency is present in the olecranon of the right elbow and the cortex caudal to it is thinner. No obvious changes are perceived on the orthogonal view.

Pelvis: the center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present congruent joint spaces.

## RADIOGRAPHIC DIAGNOSIS

L2-4

- Disc space reduction, mild
- Spondylosis

R elbow

- Lucency olecranon
- Cortical thinning

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes of the right olecranon are suggestive of bone destruction and further imaging is advised. This can be a CT examination in the near future or a lateral radiograph of the elbow joint in 2-6 weeks to compare with the current one. In case a CT examination is intended, the lungs should be checked for metastases. Regional lymph nodes should be aspirated if a change is detected. 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. In case neurological deficits and/or severe pain unresponsive to medical management, are present, CT or MRI is advised.



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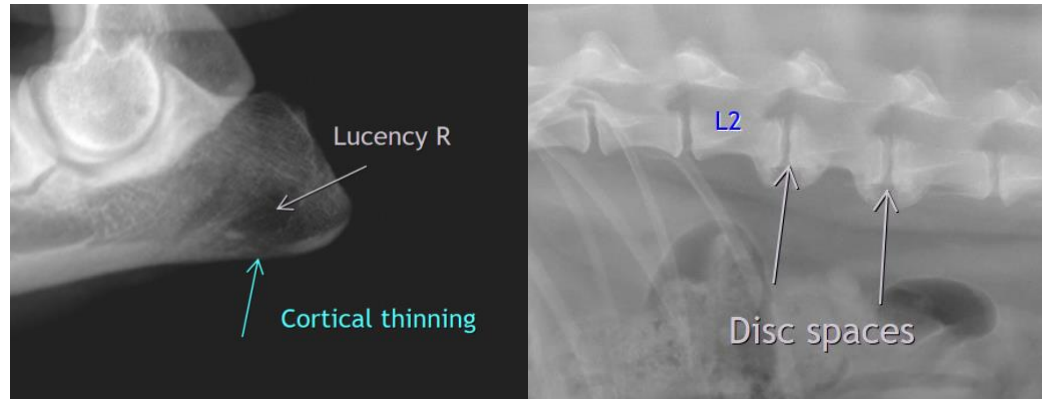
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudolf, DVM, Dr. med. vet., DipECVDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)