



## PATIENT

Navis Patten

## SPECIES

Canine

## BREED

Cocker Mix

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

60

## 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

14524

## DATE

03/20/26

## PRESENTING CLINICAL SIGNS

Just acquired, obese and seems stiff in hind end

Abnormal PE/Chem/CBC/UA Results: Obese, guards pelvic limbs, not limping

## RADIOGRAPIC STUDY OF THE SPINE, PELVIS AND SHOULDERS

R/L lateral and VD, totaling 8 radiographs provided for interpretation (no images of the shoulders are included)

20.03.2026

## RADIOGRAPHIC FINDINGS

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

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 congruent.

The disc spaces appear to be relatively even.

Hind legs: the 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: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of the right femoral head is located just medial to and the center of the left superimposed onto the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

Stifle R: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is reduced and the caudal fascial plains are caudally displaced by a soft tissue opacity in the joint. New bone formation is present on the distal pole of the patella.

Stifle L: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is slightly reduced and the proximal aspect of the caudal fascial plains are obscured by a soft tissue opacity in the joint. New bone formation is present on the distal pole of the patella.

Tarsi: the joints appear congruent on the lateral views.

## RADIOGRAPHIC DIAGNOSIS

- HD bilateral, very mild

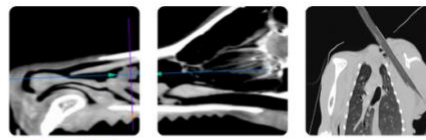
Stifle bilateral

- Effusion right more than left
- Stifle arthrosis, mild

Incidental finding

- Obesity

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



## PATIENT

Navis Patten

## SPECIES

Canine

## BREED

Cocker Mix

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

60

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Technician

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

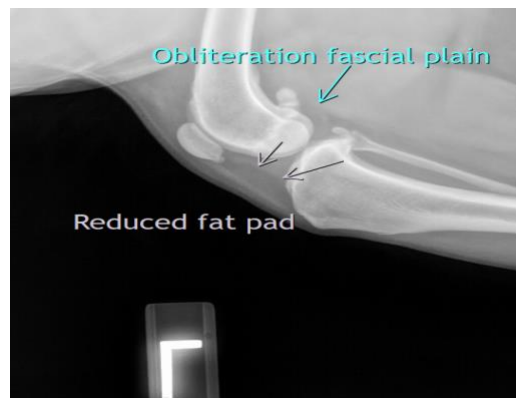
14524

## DATE

03/20/26

The mild femoral head subluxation may be exacerbated by the incomplete extension of the hind legs and is unlikely the cause of the problems described. Stifle effusion indicates trauma and is usually associated with cruciate ligament damage. This may be partial or complete. The latter can only be diagnosed radiographically if the center of the femoral condyles is no longer aligned with the intercondylar eminence of the tibia. Thus, manual examination is suggested if it has not already been done. The left and right patellar tendons should be palpated simultaneously from behind the animal. In the limb with a ruptured CCL, the edges of the tendon will be less distinct than in the normal limb and the slight depressions may be absent. This palpation technique will also permit the detection of the "medial buttress," a fibrotic thickening on the medial aspect of the stifle joint that is characteristic of chronic tears of the CCL. The drawer test is often only positive when the leg is completely relaxed. The tibial compression test is another diagnostic tool.

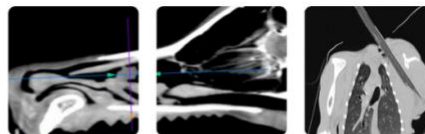
Accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross-sectional imaging. In case neurological deficits and/or severe pain unresponsive to medical management, are present, CT or MRI will be necessary.



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



## PATIENT

[info@sonopath.com](mailto:info@sonopath.com)

Navis Patten

## SPECIES

Canine

## BREED

Cocker Mix

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

60

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Technician

## HOSPITAL NAME

Northshore Veterinary  
Hospital

## REFERRING VET

Dr. Brita Kiffney

## INVOICE

14524

## DATE

03/20/26