



PATIENT

Duke Davini

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

4

WEIGHT

67

INTERPRETED BY

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

IMAGING PERFORMED BY

Technician

HOSPITAL NAME

Companion AC

REFERRING VET

Dr. Varinia Acosta

INVOICE

36636

DATE

4/17/26

PRESENTING CLINICAL SIGNS

History: Recent history of acute periocular swelling which resolved with prednisone course but has since come back. Acute lameness on RRL noted 1 week ago with no apparent injury. Exam: stiff and reluctant for MS exam, no swelling, or buttress but resistant to extend both stifles. Poss drawer on both rear limbs, slight favoring of RRL. diarrhea started last night.

Abnormal PE/Chem/CBC/UA Results: pending

RADIOGRAPHIC STUDY OF THE RIGHT STIFLE

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

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.

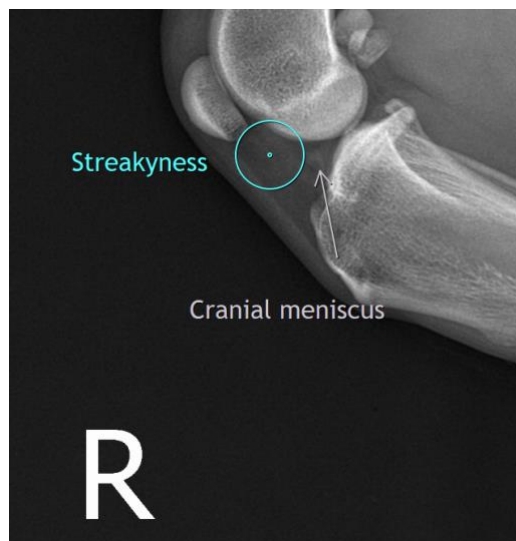
Stifle R: the joint presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad has a physiological size but appears streaky. The cranial outline of the meniscus is visible. The caudal fascial plains are in a physiological position. New bone formation is not evident, and the patella is located centrally in its groove.

RADIOGRAPHIC DIAGNOSIS

- Mild streakiness cranial fat pad

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs. The slightly streaky appearance of the proximal fat pad could be due to mild fibrosis, edema or bleeding. Comparison with the other leg would be necessary to see if it is an artefact. Pain on manipulation of the muscles could be due to gastrocnemius myositis. This diagnosis is only possible in cross sectional imaging.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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