



## PATIENT

Ziggy Stardust  
Colangelo

## SPECIES

Canine

## BREED

Boxer

## SEX

Spayed Female

## AGE

4 Years

## WEIGHT

31.5

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Kamila Pichova

## HOSPITAL NAME

Balmy Beach PH

## REFERRING VET

Dr. Kamila Pichova

## INVOICE

36640

## DATE

4/17/26

## PRESENTING CLINICAL SIGNS

History: Patient with a history of a RF lameness, has developed weakness in the LH. Had a history of weakness in LH previously. On radiographs an effusion seems to be present in the stifle joint.

Abnormal PE/Chem/CBC/UA Results: Shaking in the LH, careful to bear weight.

## RADIOGRAPHIC STUDY OF THE STIFLES

### 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, and the caudal fascial plains are in a physiological position. New bone formation is not evident, and the patella is located centrally in its groove.

Stifle L: the joint presents with smooth, subchondral bone surfaces. 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 slightly blurred by a soft tissue opacity in the joint. New bone (NB) formation is present on the distal pole of the patella, the proximal femoral ridges, one fabella and the tibial crest.

## RADIOGRAPHIC DIAGNOSIS

L stifle

- Mild effusion/fibrosis
- Mild arthrosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The effusion in the left joint is likely due to a trauma and could be associated with an incomplete tear of the cruciate ligament. Conservative treatment can be tried. Should the lameness become intractable or progress, surgery is recommended. The slightly irregular outline of the cranial tibial plateau does not appear to be associated with a soft tissue swelling. Pressure on this region should be applied to look for a pain response. Weight control is necessary to relieve the joints. Hydrotherapy will help avoid muscle 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 Rudolf**, DVM, Dr. med. vet., DipECVDI, DVR  
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