



## PATIENT

Gunner Napoli

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

6 Years 7 Months

## WEIGHT

82 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Alina Furey

## HOSPITAL NAME

Blairstown Animal  
Hospital

## REFERRING VET

Dr. Clegg

## INVOICE

14870

## DATE

04/04/26

## PRESENTING CLINICAL SIGNS

NWB LFL, Concern for neoplasia vs ligament strain vs bone bruise

## RADIOGRAPHIC STUDY OF THE ELBOWS

L lateral distal limb (humerus to digit 2) and DP/cran-caud humerus to metacarpi, totaling 2 radiographs provided for interpretation.

Undated, non-DICOM images

## RADIOGRAPHIC FINDINGS

The muscle mass of the distal limbs is symmetrically developed and physiological. The muscle mass of the left humerus appears slightly reduced.

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.

Elbows: the joints appear congruent. Mild lipping of the medial coronoid process (MCP) is present on both sides.

Carp: all joints are congruent.

## RADIOGRAPHIC DIAGNOSIS

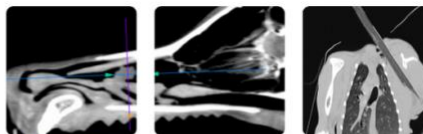
- Muscle atrophy left
- MCP pathology bilateral, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Muscle atrophy of the proximal limb can represent an artefact due to the location at the edge of the collimation or be due to bone pathology higher up on the limb (e.g., tumor proximal humerus). Visual comparison or the use of a tape measure is recommended. Diseases of the brachial plexus (e.g., inflammation, tumor) should be ruled out. The elbow changes are very mild and bilaterally symmetrical. It is thus unlikely that the changes on the left should be causing problems at this age. These findings should be viewed in connection with the results of the clinical examination and my warrant further imaging. A CT examination can depict subtle bone changes and also help identify thickening of the brachial plexus nerves.



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



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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)