



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Bruce Nasrallah
PRESENTING CLINICAL SIGNS History: Started as a small limp, and Alicia has been giving Rimadyl BID (50 mg BID) for 10 days and it has not helped. The limping is worse after running and exercising. He gets up and limps heavily in the morning. He also nibbles on his back right paw. Alicia thinks it is due to allergies. He doesn't chew on other paws.

SPECIES

SPECIES Canine
 Abnormal PE/Chem/CBC/UA Results: LAMNESS LEFT FRONT LEG, II/VI history of heart murmur lameness noted, no pain on manipulation of the leg, shoulder, or elbow.

BREED

BREED Pit Bull Mix
 The muscle mass on the left proximo-lateral humerus appears reduced (L=4cm, R=5cm).

RADIOGRAPHIC STUDY OF THE SHOULDERS AND ELBOWS

Long Bones

SEX

SEX Neutered Male
 The distal 2/3 of the humeral diaphysis shows an increase in medullary opacity bilaterally which appears slightly more pronounced on the left. On the left this is accompanied by a thin, smooth, approx. 5cm long, periosteal reaction on the cranial humeral cortex. The medullary cavity of both radii appears to be increased but slightly more so on the left. The medulla of the ulna appears more opaque on the right for leg. Maximal thickness of the cranial radial cortex is approx. 0.5cm on the left and 0.4cm on the right.

AGE

8.5 Years

Shoulders

INTERPRETED BY

Both joints appear congruent with smooth and even subchondral bone surfaces.

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

Elbow

The joints are congruent with smooth subchondral bone surfaces. The right medial coronoid process (MCP) is slightly rounder than the left and a double outline on the tip of the anconeal process is just visible.

HOSPITAL NAME

Elizabeth AH

RADIOGRAPHIC DIAGNOSIS

Left

REFERRING VET

Kim Allyn, DVM

- Muscle atrophy L humerus, mild
- Bilateral
 - Periosteal reaction cranial humerus
 - Increased medullary opacity long bones

INVOICE

21922

Incidental finding

- Possible right MCP pathology, mild

DATE

4/7/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS



PATIENT

Bruce Nasrallah

The changes are suggestive of panosteitis. However, breed and age do not fit the general signalment and the changes appear rather too symmetrical. Panosteitis would respond to pain killers. Further examinations are thus necessary, starting with deep palpation of the long bones, without flexion of the joints, to look for pain. Should this be negative, a lateral radiograph of tibia and fibula can be obtained for comparison of the medullary opacities. In case the medullary opacity is similar in all long bones, it is likely normal for this dog. A reduction in muscle mass on radiographs is subjective because it can be caused by minimal rotation; using a tape measure is usually more meaningful. In older dogs without clear evidence of primary bone disease, soft tissue changes such as neuropathy (brachial plexus tumor or neuritis) and myopathy (e.g. flexor myositis) can only be ruled out with cross sectional imaging. In Bruce's case I recommend CT, because it can include the entire leg from P3 to T4 and will thus be able to detect early trabecular changes as well.

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Canine

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Pit Bull Mix

SEX

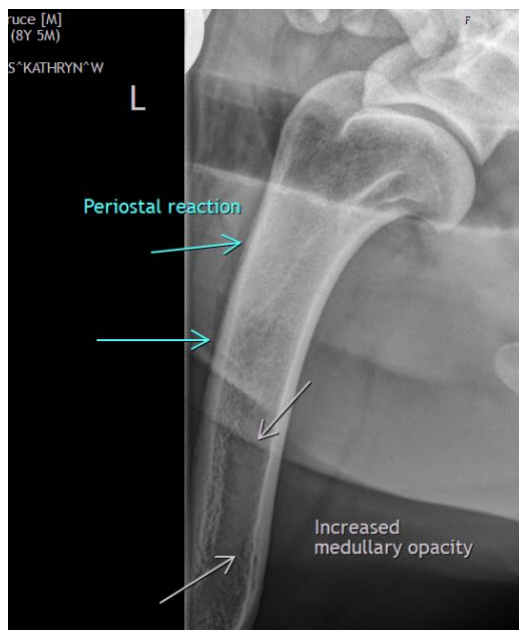
Neutered Male

AGE

8.5 Years

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Pit Bull Mix

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Neutered Male

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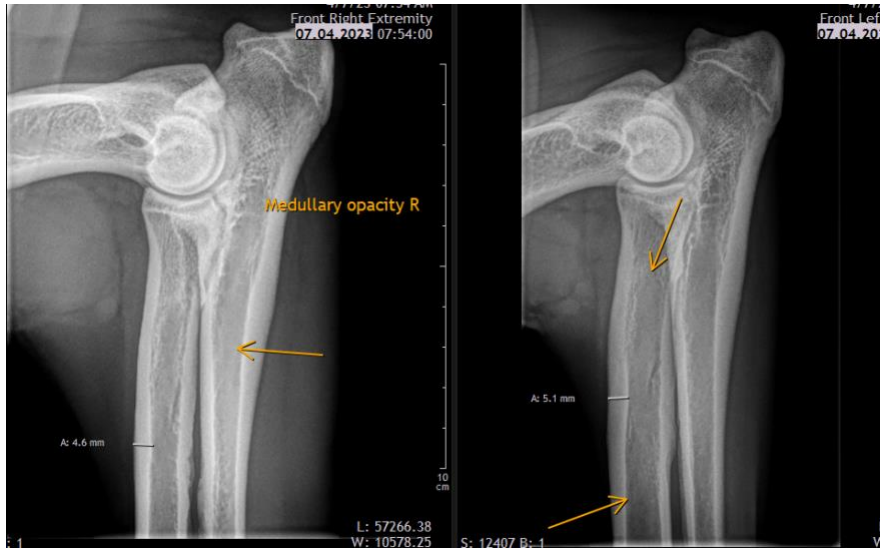
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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