



**PATIENT PRESENTING CLINICAL SIGNS**

Moose King Right forelimb lameness. Previous bilateral total hip replacements. Pain difficult to isolate. Suspect soft tissue injury of the shoulder.

**SPECIES RADIOGRAPHS OF SHOULDERS AND ELBOWS**

Canine Left: lat. humerus to P3, 3x lat. and 2x cd-cr. shoulder, 2x cr-cd elbow  
L and R: cr-cd humerus including shoulder and elbow joints

BREED Right: lat. elbow, lateral humerus including shoulder and elbow

**RADIOGRAPHIC FINDINGS**

Malamute

The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortical-medullary development of the long bones is physiological.

**SEX** Left

MN The shoulder joint appears congruent with even subchondral bone surfaces. On the cd-cr. view the soft tissue structures lateral to scapula, shoulder joint and proximal humerus appear of mottled and heterogeneous opacity.

AGE The elbow joints are congruent with smooth subchondral bone surfaces. The cranial radial head has a plump cranio-dorsal aspect. The medial coronoid process (MCP) shows a small, rounding with lip formation.

2

**INTERPRETED BY**

Right

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

The shoulder joint appears congruent with even subchondral bone surfaces.

The elbow joints are congruent with smooth subchondral bone surfaces. A small osteophyte is present on the distal aspect of the medial epicondyle. The cranial radial head has a plump cranio-dorsal aspect. The MCP is rounded.

**HOSPITAL NAME**

Animal Health  
Partners

**RADIOGRAPHIC DIAGNOSIS**

- Left: mottled soft tissue opacity lateral scapula to humerus
- Mild osteophytosis both elbow joints

**REFERRING VET**

Debbie Reynolds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The soft tissue mottling on the left could represent an artefact (e.g. different positioning, altered kV) or a true finding such as traumatic skin defect with hemorrhage, muscle atrophy. However, since the lameness is reportedly in the right fore limb it most likely represents an artefact. The elbow changes are very mild and bilateral symmetrical. I can see no reason for the right foreleg lameness. Rounding of the MCP could be an early sign of fragmentation but a CT examination is needed to identify sclerosis, fissure formation and/or an in situ fragment. Cross sectional imaging with contrast administration is necessary for the identification of flexor myositis. Should pain be present on caudal extension of the shoulder joint, comparative ultrasound of the bicipital tendons is recommended to assess fiber integrity.

**INVOICE**

57681

**DATE**

4-8-23



**PATIENT**

Moose King

**SPECIES**

Canine

**BREED**

Malamute

**SEX**

MN

**AGE**

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Dr. med. Vet.,  
DipECVDI DVR

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**REFERRING VET**

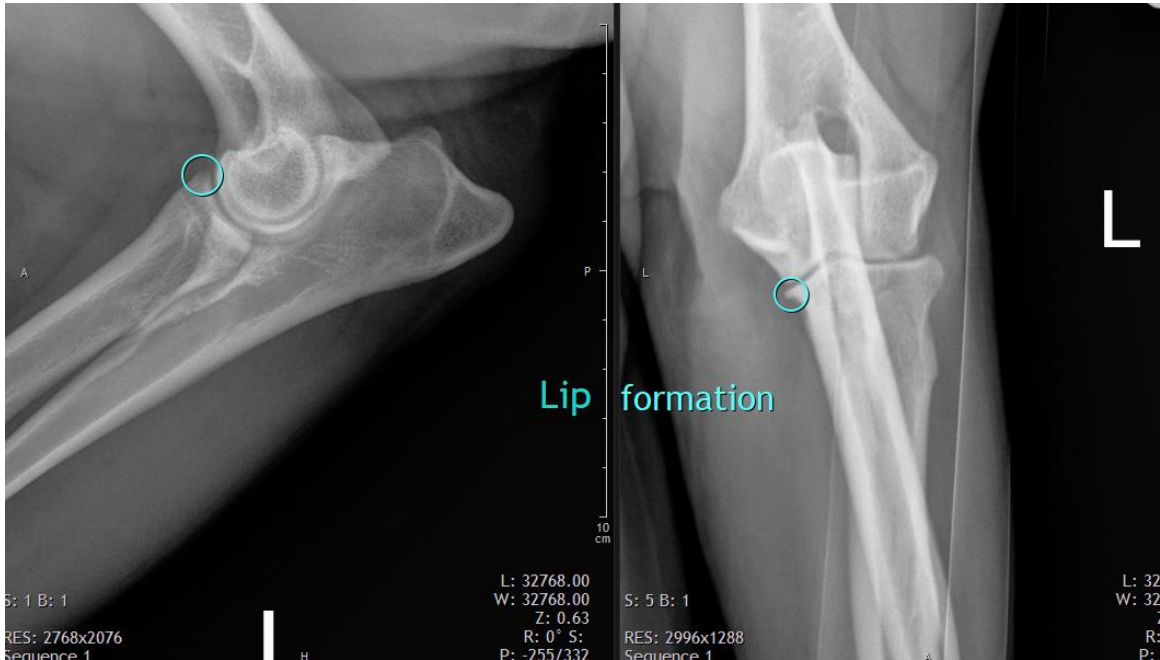
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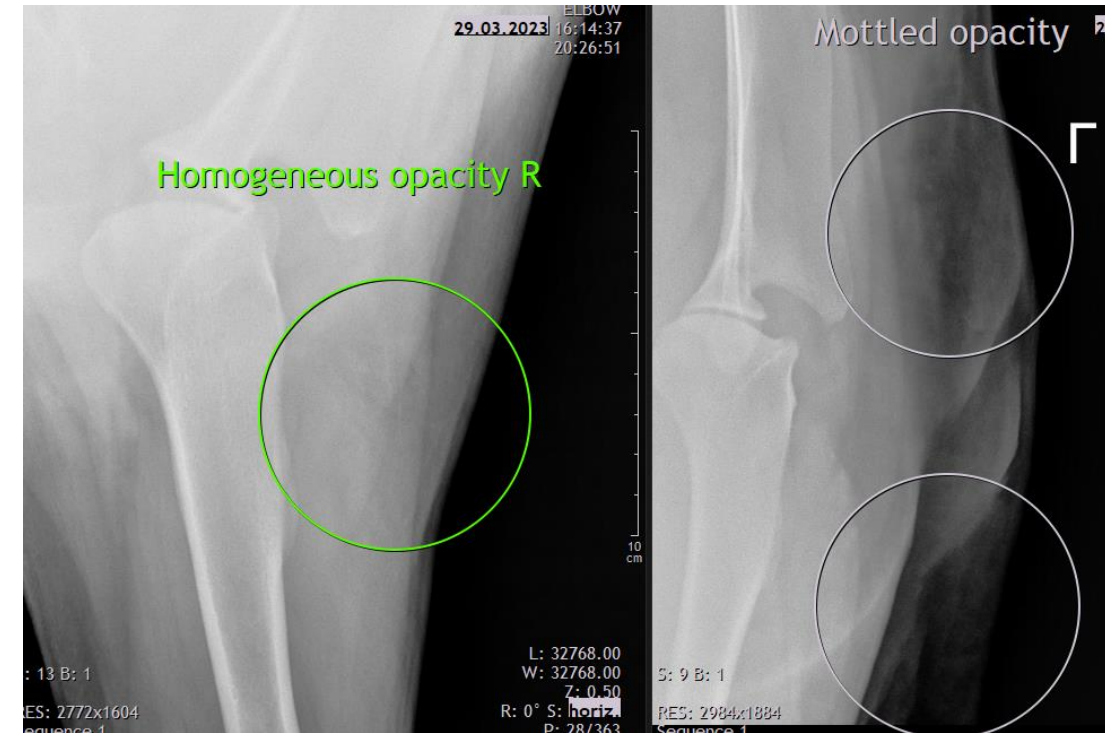
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDDI, DVR**  
Dr.H.Rudorf@gmail.com

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