



PATIENT	PRESENTING CLINICAL SIGNS
Gladys Arrington	Painful Hind legs, has trouble getting up. Hard time handling stairs Current Meds: Dex 0.5 mg @ 1 tab EOD
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC = WNL ; SDMA = Normal ; T4 = Normal ' HW Test = Negative/Lyme/Ehr./Ana = Negative x 3 ; Super Chem = WNL Urinalysis = WNL Urine S.G. = 1.045
Canine	
BREED	RADIOGRAPH OF THE DOG
Staff Mix	1x lateral C-, T-, and L-spine, 1x lat. T- and L-spine, 1x lat. Thorax, 1x lat. abdomen, 1x VD thorax and abdomen, 1x VD pelvis including stifles, R and L lateral stifle
SEX	RADIOGRAPHIC FINDINGS
FS	The body condition score is 6/9. Metal staples are present in the region of the caudal abdominal wall on the L lateral stifle view. The nipples are prominent.
AGE	<u>Pelvis</u>
7 Years	The centre of both femoral heads is located lateral to the respective dorsal acetabular edge, left more than right. The medial and lateral aspect of the cranial joint space is slightly widened on the right. On the left the entire cranial joint space is increased and the cranial acetabular edge is sclerotic and short. New bone formation is present in the left acetabular fossa, around the femoral neck, caudal acetabular edge and in the acetabulum. On the right a fine sclerotic line is located along the femoral neck.
INTERPRETED BY	<u>Stifles</u>
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	Both stifle joints show a moderate amount of new bone formation on condyles, patella, femoral ridges, tibial plateau and fabellae. A separate, round bony structure appears to be located on the left distal pole of the patella. The cranial fat pad is reduced, and the caudal fascial plains are partially obliterated by a soft tissue opacity within the joints.
HOSPITAL NAME	<u>Spine</u>
Byram Animal Hospital	No signs of aggressive osteolysis have been identified. Ventral spondylosis is present between T11 and S1. Elbow OA is evident bilaterally.
REFERRING VET	<u>Thorax</u>
Dr. Maria Cruz	The degree of pulmonary expansion is fair at best. The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are visible
INVOICE	The cranial mediastinum is of physiological size and opacity. The trachea runs parallel to the thoracic vertebrae and is of homogeneous width.
52129	The cardiac silhouette occupies 85% of the chest height and 3.5 intercostal spaces. No chamber or outflow tract enlargement is evident.
DATE	<u>Abdomen</u>
5-13-22	The abdominal detail is good; the ventral wall is slightly pendulous. The liver is located within the costal arch and the caudo-ventral lobe is pointed.



PATIENT

The spleen appears physiological.

Gladys Arrington

The stomach contains a moderate amount of air; distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a moderate amount of formed fecal matter.

SPECIES

Both renal shadows appear of physiological size, shape and opacity. The bladder is located in the abdominal cavity and contains a moderate amount of homogeneous fluid opacity.

Canine

The sublumbar region appears physiological.

RADIOGRAPHIC DIAGNOSIS

BREED

- Pelvis
 - Left HD and OA, moderate
 - Right HD and OA, mild
- Stifles, bilateral
 - OA, moderately severe
 - Effusion/fibrosis, moderate

Staff Mix

SEX

FS

Incidental findings:

- Spondylosis
- Elbow OA, bilateral

AGE

7 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are compatible with severe left hip dysplasia and arthrosis as well as bilateral cruciate ligament damage with a moderate amount of arthrosis.

INTERPRETED BY

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

Accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross sectional imaging. Depending on the results of the neurological examination, CT or MRI may be necessary.

HOSPITAL NAME

Byram Animal
Hospital

REFERRING VET

Dr. Maria Cruz

INVOICE

52129

DATE

5-13-22



PATIENT

Gladys Arrington

SPECIES

Canine

BREED

Staff Mix

SEX

FS

AGE

7 Years

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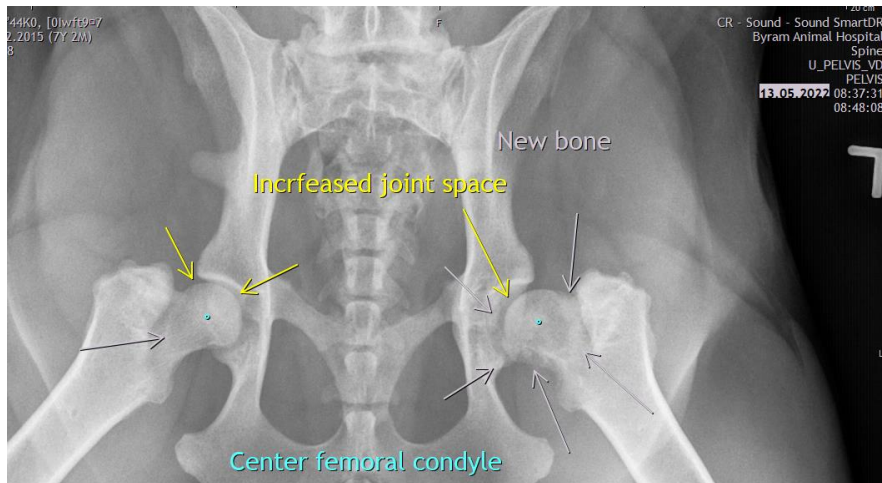
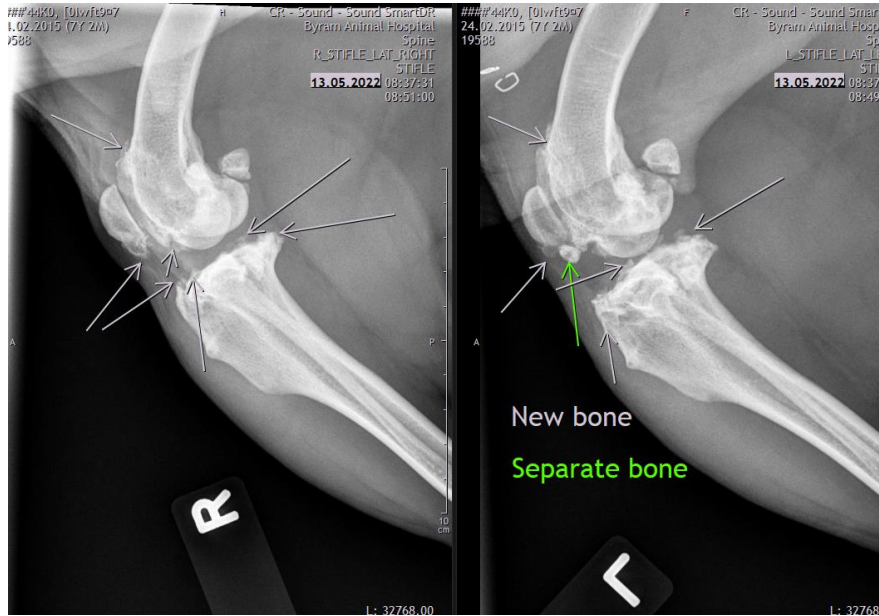
Dr. Maria Cruz

INVOICE

52129

DATE

5-13-22



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
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