



PATIENT

Briggs Goodwin

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

4 Years 5 Months

WEIGHT

30 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Veterinary Technicians

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Kimberly Barron

INVOICE

16450

DATE

05/22/26

PRESENTING CLINICAL SIGNS

For the past 6 months, has not been able to jump up on the furniture or into the car, holds his tail down when he used to hold it upright. No history of trauma.

Abnormal PE/Chem/CBC/UA Results: cbc chem and ua wnl. 4dx negative

RADIOGRAPHIC STUDY OF SPINE, PELVIS AND STIFLES

R/L lateral and VD, totaling 5 radiographs provided for interpretation.

21.05.2026

RADIOGRAPHIC FINDINGS

Hind legs

The muscle mass on the left appears to be reduced.

Pelvis: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is superimposed onto the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

Stifles: the joints present with smooth osseous margins, 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 visible. New bone formation is not evident, and the patellae are located centrally in their respective groove.

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

Spine: the surrounding soft tissue structures appear physiological.

The transverse processes of each vertebra are well separated from one another. Number and shape of the vertebrae appear to be physiological, and their surfaces appear smooth. No evidence of osseous destruction or lysis is present along the spine on the lateral view.

On the VD view the left caudal part of the facet joint T12 appears slightly larger.

The disc spaces appear to be relatively even.

RADIOGRAPHIC DIAGNOSIS

Left

- Muscle atrophy, mild
- Possible abnormal facet joint T12/13

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes on the hindlimb that would explain the clinical signs. 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. Thus, CT or MRI is recommended. T12/13 has to be included in the examination to allow accurate assessment of the facet joints. Assessment of the lumbar plexus nerves is also recommended as there is the suspicion of muscle atrophy on the left.



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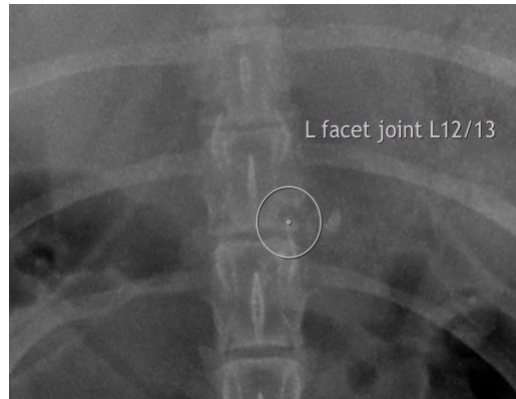
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com