



## PATIENT

Coulson Wagner

## SPECIES

Canine

## BREED

Beagle/Cairn Terrier  
Mix

## SEX

MN

## AGE

10Y

## WEIGHT

21.6lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brandon Holmes

## HOSPITAL NAME

West Newton Animal  
Clinic

## REFERRING VET

Brandon Holmes

## INVOICE

74891

## DATE

5-5-26

## PRESENTING CLINICAL SIGNS

Muscle atrophy of the **left** hind limb noted on visit in February 2026 which was more for gastrointestinal issues which have since resolved. Patient has normal conscious proprioception in the limb and shows weight-bearing lameness when moving, then holds the leg up when standing still. Normal orthopedic exam. Pain had been noted on left hip extension back in June 2025 which only partially responded to NSAIDs. No pain was noted on today's ortho exam, but some pain was visible when extending the hips for the ventrodorsal pelvic radiograph.

## RADIOGRAPHS OF THE PELVIS

R/L lateral and VD, totaling 2 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

### Hind legs

The muscle mass around one entire hind leg, presumably the left, is reduced.

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

Pelvis: the center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

A mineral opacity appears to obscure the ventral half of the intervertebral foramen L6/7.

## RADIOGRAPHIC DIAGNOSIS

### Left hind:

- Muscle atrophy, moderate

### Incidental finding:

- Possible disc disease L6/7

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no bony abnormalities on the limbs that would explain the lameness. The combination of muscle atrophy, lameness and pain on hip extension can be a sign of lumbar plexus neuropathies. Cross sectional imaging of caudal L-spine and hind legs is recommended to rule out spinal cord disease (e.g., disc extrusion with cord compression), neuritis, tumor and possible associated gastrocnemius myositis.

## TECHNICAL COMMENTS

No side marker on VD pelvis.



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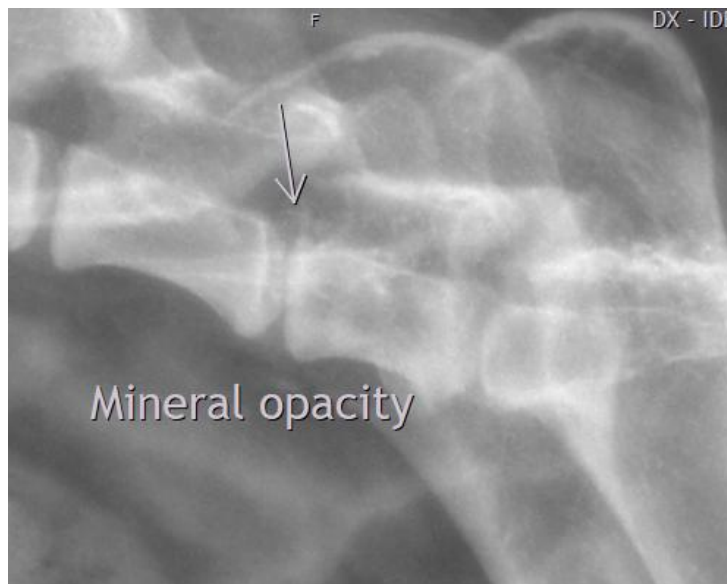
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)