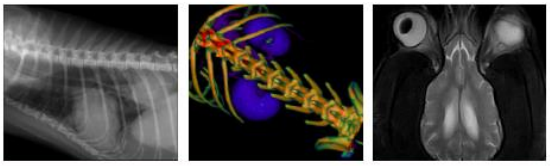

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jaeger Cooksey

SPECIES

Canine

BREED

German Shepherd

SEX

Neutered Male

AGE

2 Years 10 Months

INTERPRETED BY

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

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Kim Allyn, DVM

INVOICE

16423

DATE

7/1/22

PRESENTING CLINICAL SIGNS

History: Limping on left hind for about a week.
Abnormal PE/Chem/CBC/UA Results: Ambulatory X 3, TOE-TOUCHING LEFT HIND PAINFUL TO MANIPULATION OF STIFLE DISLIKES EXTENSION OF HIPS SMALL CRANIAL DRAWER.

RADIOGRAPHIC STUDY OF PELVIS AND STIFLES

The muscle mass of the left hind limb is slightly decreased.

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

Pelvis

The centre of both femoral heads is located lateral to the respective dorsal acetabular edge. Both hip joints are incongruent with widening of the medial joint space. On the right side the lateral joint space is decreased and the cranial as well as the dorsal acetabular edge are slightly re-shaped to better accommodate the femoral head. New bone formation is present along the femoral necks and joint capsule insertions. A small amount of smooth new bone is located just caudal to the caudal acetabular edge. A small ossicle is located medial to the lesser trochanter.

Stifles

Both stifle joints have smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The cranial fat pad has a physiological size and the caudal fascial plains are in a physiological position. New bone formation is not evident and the patellae are located in their respective groove.

RADIOGRAPHIC DIAGNOSIS

Left

- Muscle atrophy
- Ossification medial to the lesser trochanter, mild

Bilateral

- HD
- arthrosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hip changes are slightly worse on the right but the loss of muscle mass is present on the left side. In the absence of obvious intraarticular changes but pain in the stifle region, contrast CT or MRI is recommended to identify enthesiophytosis and/or myositis of the gastrocnemius muscle belly/bellies.

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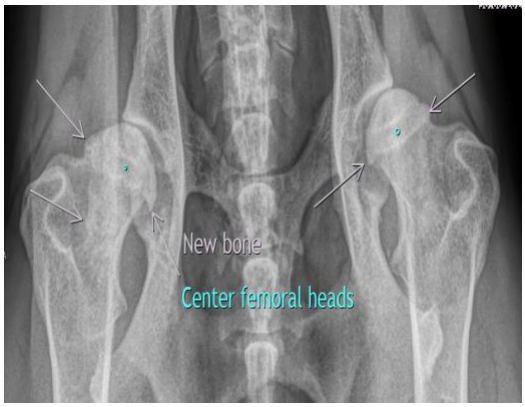
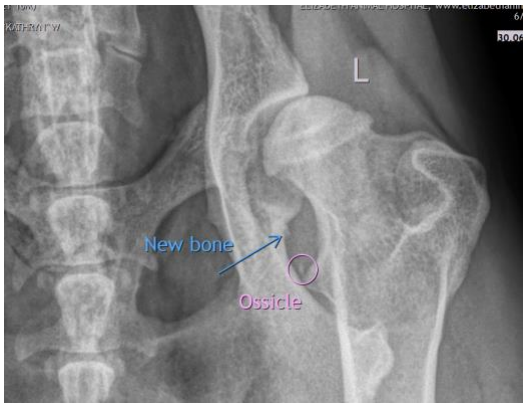
A meniscal tear would be detectable with MRI but is usually associated with joint effusion. Other soft tissue changes that would explain the toe touching lameness include desmopathy of muscles attaching to the lesser tubercle (e.g. iliopsoas), foreign body in the pad, diseases of the nail bed and tendinitis.





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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
dr.h.rudorf@gmail.com