



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sora Mendez
SPECIES Canine
BREED Husky
SEX Female

History: Reason for Visit: CHECK RIGHT HIND LEG History: 6 YEAR 4 MONTH FEMALE HUSKY PRESENTED TODAY TO HAVE RIGHT REAR LEG CHECK O SAYS WHEN P WALKS WILL WALK WITH A LIMP AND LIKE THE LEG IS TIGHT. O SAYS HAS BEEN GOING ON FOR ATLEAST A YEAR O UNSURE IF P INJURED ITSELF O JUST SAID REMEMBERED P WOULD CRY WHEN IN CERTAIN POSITIONS. O SISTER IS WATCHING P FOR O SAYS P WILL WHINE WHEN GETTING UP FIRST THING IN AM BUT LOVES TO GO ON WALKS AND DOESNT WHINE. O ALSO WANTS NAIL TRIM AND POSSIBLY VACCINES IF POSSIBLE AND DEPENDING PRICE.

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: grade 1 POD Lymph Nodes: No peripheral lymphadenopathy Skin: healthy hair coat. No ectoparasites seen, skin clean dry and intact CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful. no fluid wave, no palpable masses or organomegaly Uro/Perineum: female intact Musculoskeletal: BCS = 5/9. Ambulatory x 4, grade 3/5 lameness RH, suspect stifle or hip issue ; mild cranial drawer suspected RH, patient a little resistant on palpation and toe touching lame after stifle flexion, no swelling or crepitus, suspect medial buttress Neurological: Alert and appropriate. No deficits noted.

RADIOGRAPHIC STUDY OF PELVIS AND STIFLES

AGE 6 Years 4 Months

The muscles mass surrounding the right femur appears slightly reduced (10 vs 11cm at the punctum max.).

INTERPRETED BY

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

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.

The centre of both femoral heads is located lateral to the respective dorsal acetabular edge. A moderate amount of new bone formation surrounds the right femoral head and neck and an osteophyte is evident on the cranial effective acetabular margin. On the left side osteophytes are present on the junction betw3enn head and neck.

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Both stifle joints have smooth subchondral bone surfaces and the centre of the femoral condyles is in line with the intercondylar eminence. The right cranial fat pad has a physiological size and the caudal fascial plains are in a physiological position. The left cranial fat pad appears slightly mottled, the cranial aspect of the meniscus is visible. The caudal fascial plains appear to be in a physiological position. New bone formation is not evident and the patellae are located in their respective groove.

REFERRING VET

Dr. Ali

RADIOGRAPHIC DIAGNOSIS

HD

INVOICE

23602

- Bilateral
- Right osteoarthritis, moderate
- Right muscle atrophy, mild
- Left osteophytosis, mild

Left stifle

DATE

7/22/23



PATIENT

- Questionable joint effusion

Sora Mendez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The changes in the right hip joint and the mild muscle atrophy can explain lameness and pain as well as duration and periodic appearance of the symptoms. The finding in the left stifle joint is likely due to a different exposure rather than effusion, especially because the cranial aspect of the meniscus is visible. However, this will have to be viewed in line with the clinical findings.

BREED

Husky

TECHNICAL COMMENTS

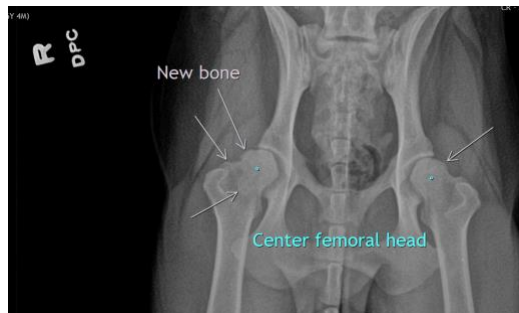
Lead glove in primary beam.

SEX

Female

AGE

6 Years 4 Months



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.

INTERPRETED BY

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

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.

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Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com

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