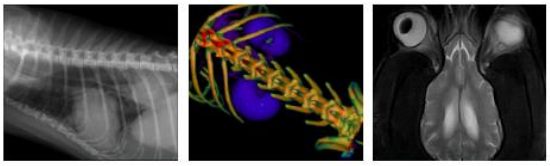

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bailey Leupold

SPECIES

Canine

BREED

Australian Shepherd / Great Pyrenees mix

SEX

Female

AGE

5

INTERPRETED BY

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

HOSPITAL NAME

Salem Oregon Animal Rehabilitation

REFERRING VET

Dr Julie Rowley

INVOICE

52738

DATE

7-7-22

PRESENTING CLINICAL SIGNS

Presenting for rehabilitation for hip dysplasia. Has been non-weight bearing on the left rear for two weeks prior to the first films- mid April? the left rear was held as a dislocated hip would be (internally rotated, foot inward, left hip lower than the right) Repeated films expecting to find a dislocation, however now much more concerned about the lysis, original jpegs sent to us from rdvm included for comparison. Multiple laterals trying to find a better technique to establish dislocation.... Consider FHNE vs Amputation

Abnormal PE/Chem/CBC/UA Results: No blood work done.

RADIOGRAPH OF THE PELVIS

01/30/18: 2 orthogonal views (DICOM and jpg): 2 orthogonal views pelvis

06.07.2022: 4x lat. pelvis, 1x VD pelvis, 1x lateral hip 2x R lat. stifle

RADIOGRAPHIC FINDINGS

The muscle mass is markedly reduced on the left. A soft tissue swelling seems to surround the left joint and contains small, mineralized specks in its cranial aspect.

The severe changes associated with the left hip joint associated with hip dysplasia and arthrosis are present on both views of both dates. The images obtained in July 2022 show additional changes including: 1) moth eaten bone loss of various aspect of the femoral head and neck, terminating at the insertion of the joint capsule, 2) sclerosis of the acetabulum, 3) a reduced joint space and 4) irregular, spiky new bone formation on the cranial acetabular edge (associated with one crescent shaped femoral head lucency), along the joint surfaces and the caudal acetabular edge.

The left distal femur shows a decreased, motheaten medullary opacity and the lateral cortex is thin. A coarse trabecular pattern is also present in tibia and calcaneus.

The changes related to hip dysplasia and arthrosis on the right side are similar on the VD views obtained on both occasions.

The popliteal lymph node on the stifle joint with the muscle atrophy (labelled R on top right corner) and coarse trabecular structure is large.

RADIOGRAPHIC DIAGNOSIS

Left:

- Periarticular bone lysis
- Periarticular soft tissue swelling
- Muscle atrophy
- Possible lymphadenomegaly
- Radiolucent changes distal femur

Bilateral:

- HD and OA, severe

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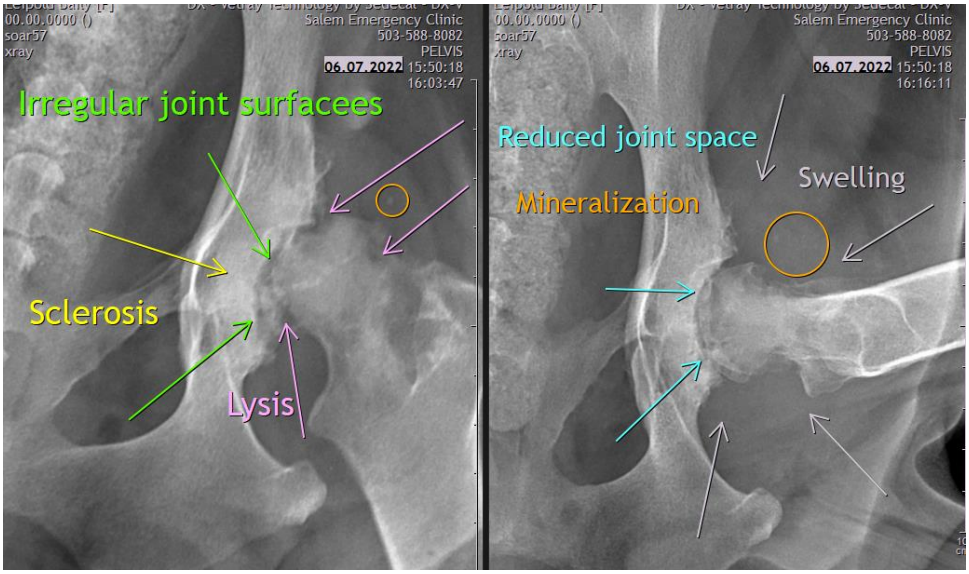
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The additional changes on the left hip joint are highly suggestive of a tumor (e.g. synovial cell tumor). However, chronic inflammation with cartilage loss and infection have to be considered. A sample should be obtained. This can be ultrasound guided in case a soft tissue mass needs to be aspirated as well as joint fluid. The coarse trabecular pattern in tibia and calcaneus could be due to the reduced muscle mass and the same could apply to the distal femur; however, the thin femoral cortex suggest another origin, such as tumor (possibly multicentric) or infection.

The apparently large lymph node should be comparted to the other side and samples obtained.

TECHNICAL COMMENTS

No side marker on lateral hip view (assumed to be the left). R label on both stifle views, always located next to the same leg.



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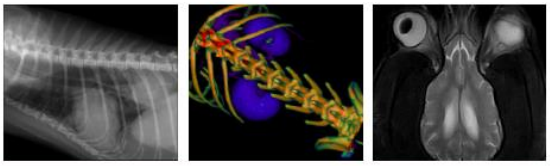

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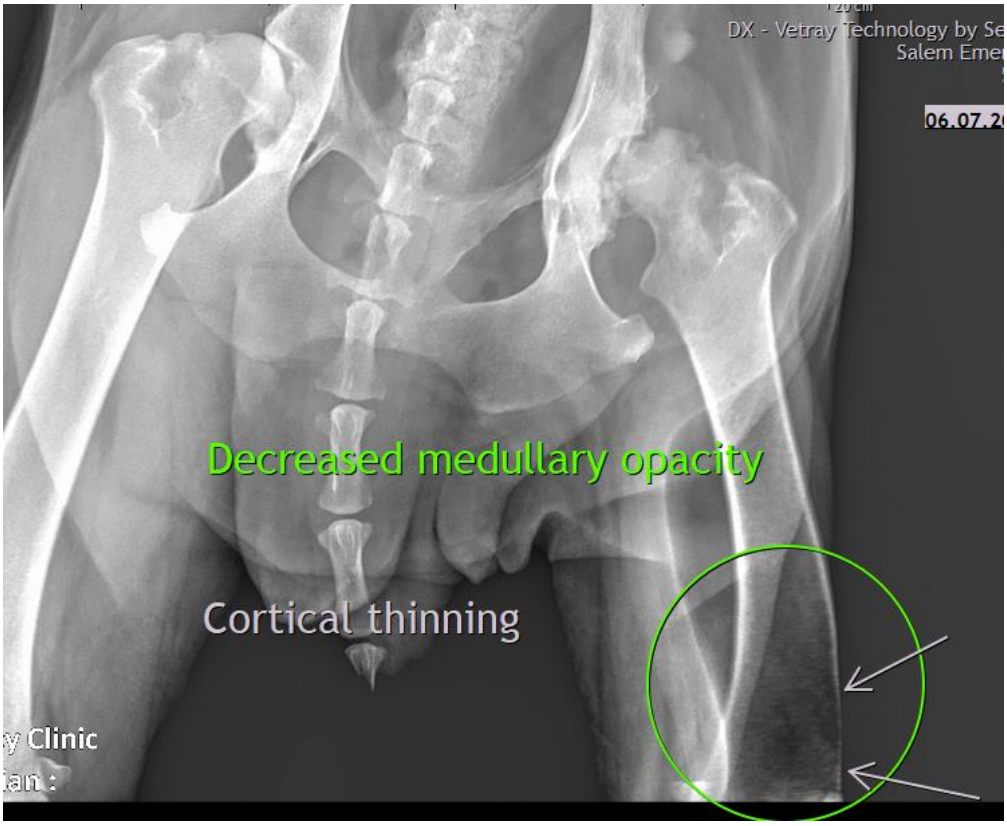

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
Dr.H.Rudorf@gmail.com