



**PATIENT**

Maggie May Dehn

**PRESENTING CLINICAL SIGNS**

Plays very rough, especially when chasing balls, and the other dog in the house will compete with her for it. Other dog is taller than her and tends to trip over/step on Maggie while playing. Started favoring LH a few weeks ago, then improved with rest, but after play again yesterday started favoring LH again. Will bear full weight on it but has an obvious limp when walking and is reluctant to extend LH at hip. No cranial drawer or MPL elicited on knee. Rest of ortho exam was WNL

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE WNL other than ortho exam mentioned above. BW/UA not run today.

**BREED**

Jack Russell

**RADIOGRAPH OF THE PELVIS**

2 orthogonal views, 1x lateral R stifle including pelvis to hock and T11 to tail

**SEX**

FS

**RADIOGRAPHIC FINDINGS**

Measured at the punctum maximum the lateral thigh muscles on the left appear reduced (3 vs 3.5cm)

**AGE**

4 Years

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.

**INTERPRETED BY**

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

Considering the mild left sided tilting of the pelvis, the centre of both femoral heads is superimposed onto the respective dorsal acetabular edge. The left cranial acetabular edge is straight and lateral as well as medial joint spaces are slightly increased. A sclerotic band runs along both femoral necks, level with the insertion of the joint capsule.

**RADIOGRAPHIC DIAGNOSIS**

- Muscle atrophy left, mild
- Bilateral HD, mild
- Bilateral sclerosis joint capsule insertion, mild

**HOSPITAL NAME**

Healing Paws

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Sarah Preston

The irregular outline of the ischium on both sides is physiological and coexists with the incompletely fused growth plate of the ilium. I can see no evidence of femoral head necrosis and can't find a radiographic explanation for the mild muscle atrophy. Grade 1 and 2 patella luxation should be ruled out before cross-sectional imaging to rule out myositis of the gastrocnemius muscle bellies is employed. Neuropathies are unlikely, but cross-sectional imaging will be able to rule these out as well.

**INVOICE**

52768

**TECHNICAL COMMENTS**

Human fingers in primary beam.

**DATE**

7-8-22



**PATIENT**

Maggie May Dehn

**SPECIES**

Canine

**BREED**

Jack Russell

**SEX**

FS

**AGE**

4 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

Healing Paws

**REFERRING VET**

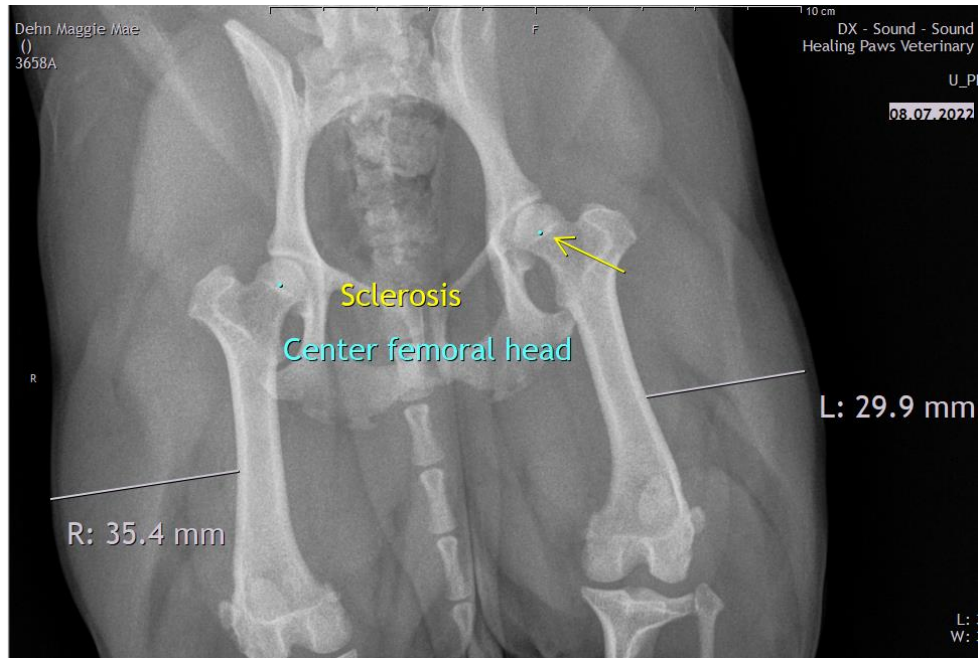
Sarah Preston

**INVOICE**

52768

**DATE**

7-8-22



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