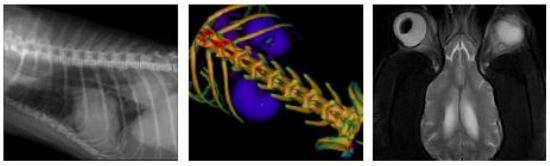
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Tallulah Hernandez

SPECIES

Canine

BREED

Malese Mix

SEX

SF

AGE

9 Years, 9 Months

INTERPRETED BY

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

HOSPITAL NAME

DPC Veterinary Hospital

REFERRING VET

Dr. White

INVOICE

52774

DATE

7-8-22

PRESENTING CLINICAL SIGNS

Reason for Visit: R REAR LEG LIMPING History: P IS A 9Y9M OLD F/S MALTESE MIX PRESENTING TODAY FOR STILL LIMPING ON R REAR LEG O READY TO DO X-RAYS. O STATES P HAS DIFFICULTY GETTING UP FROM LAYING DOWN A WHILE. GROOMER REPORTED PAIN WHEN TRYING TO WORK ON THAT LEG.

RADIOGRAPH OF PELVIS AND STIFLES

VD pelvis, both lateral stifles including pelvis

RADIOGRAPHIC FINDINGS

The muscle mass on the right hind appears reduced.

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 wings of both ilia are symmetrical. The left obturator foramen is smaller and acetabulum as well as ischium are located further caudally than on the right. On both lateral views one ischium has an altered shape and position. No new bone formation is evident.

Both stifle joints have smooth subchondral bone surfaces. The centre of the femoral condyles on the right appears to be located caudal to the intercondylar eminence, the one on the left 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

- Muscle atrophy right thigh, mild
- Asymmetry of obturator foramina and ischium

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no explanation for the apparent muscle atrophy and right sided lameness. Asymmetry of the ischium is visible on all views but affects the side labelled L, which appears to have more muscle mass than the right. A congenital anomaly could be the cause for the asymmetry but does not seem to have resulted in new bone formation or lameness earlier in life; it therefore does not seem to be the cause for the current lameness. The absence of joint pathology indicates normal stifles. However, a grade 1 or 2 patella luxation would not be obvious radiographically. Myositis of the gastrocnemius muscle belly/bellies is a possibility and can be demonstrated with cross sectional imaging. Neuropathy (e.g. inflammation, tumor) can be ruled out during the same cross sectional imaging examination.

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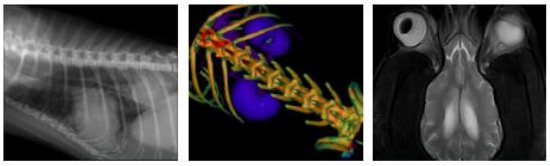

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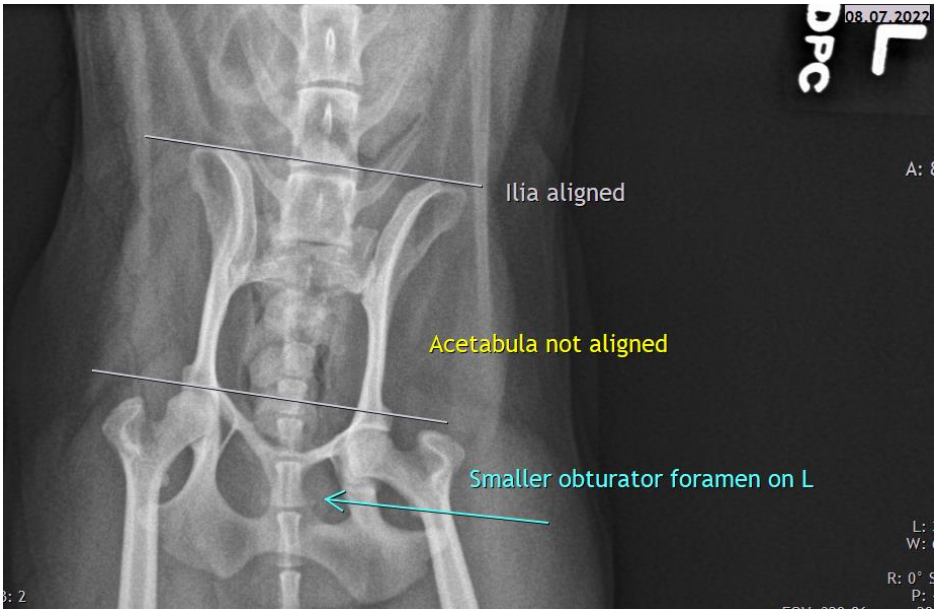

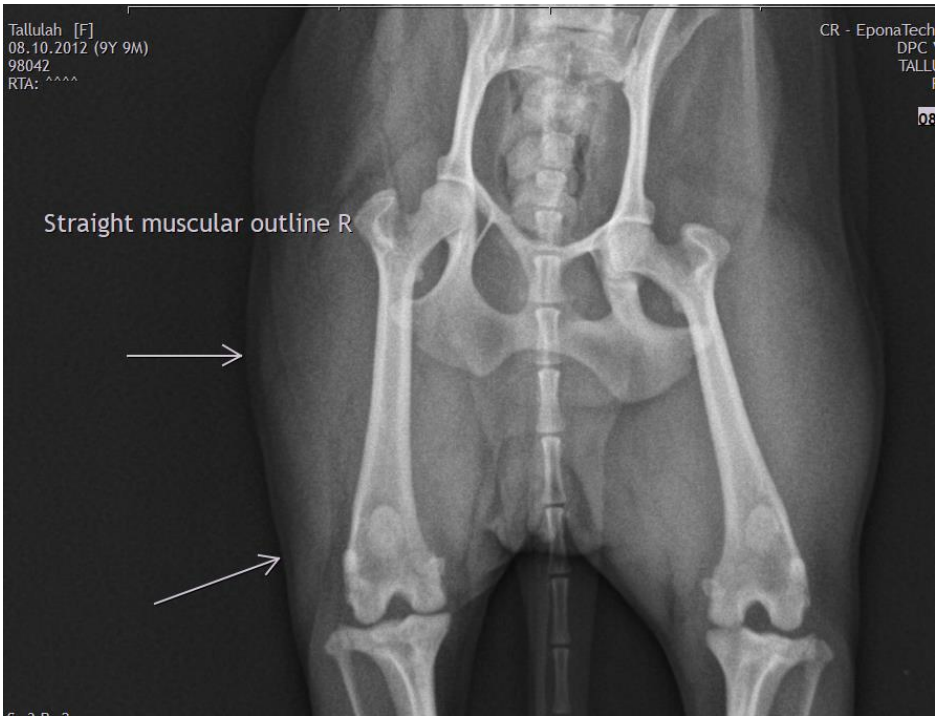

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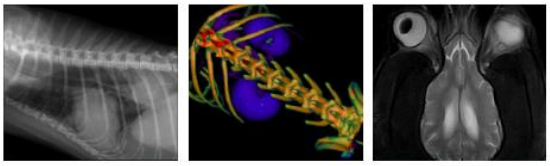

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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