



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Wolfie Kitner
SPECIES Canine
BREED German Shepherd

History: Wolfie is a seven year old, MN, German Shepherd who is owned by our surgery technician. He was presented today for right front limb lameness of sudden onset on 7/30/23 after he tripped over a stool outside. His owner has been giving gabapentin 300 mg and restricting exercise since then. She stopped the gabapentin 2 days ago, and Wolfie was extremely lame and painful on RF when she got home yesterday. On exam, Wolfie has mild tenderness/pain response on palpation of T5-T6, mild crepitus of caudal thoracic and cranial lumbar spine. Wolfie showed no pain on rotation of neck in all directions. However, he showed severe pain on cranial extension and lateral rotation of right shoulder. There is mild RF leg muscle atrophy. Wolfie shows weight bearing lameness on RF leg with head bob. Cervical/thoracic/lumbar spine, right shoulder (with left for comparison), and pelvis are submitted for evaluation.

RADIOGRAPHIC STUDY OF SPINE, SHOULDER AND PELVIS

Spine

SEX

The surrounding muscles and fat layers appear physiological.

Neutered Male

Number and shape of the vertebrae are physiological. No signs of aggressive osteolysis have been identified.

AGE

The disc spaces appear to be of homogeneous width.

7.5 Years

Shoulders

INTERPRETED BY

The skin surfaces are smooth and the muscles appear to be symmetrically developed. The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortical-medullary development and differentiation of the long bones are physiological.

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

The joints appear congruent with even subchondral bone surfaces.

HOSPITAL NAME

Pelvis

Lamb's Gap AH

Both femoral heads are severely subluxated. Both femoral heads show recontouring and a large amount of new bone surrounds the femoral necks. Bilabiation is present on the left.

REFERRING VET

RADIOGRAPHIC DIAGNOSIS

Dr. Jennifer Todd

- Severe bilateral HD
- Severe bilateral OA

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Accurate positioning of the spine is difficult, even under G.A., and cord compression or neuropathy can only be identified with myelography or in cross sectional imaging. Depending on the severity of the clinical signs, CT or MRI will be necessary in case an extruded disc needs to be removed. In the absence of obvious bony changes of the fore leg, soft tissue diseases such as myositis, capsulitis or tendinopathies will have to be considered; pain caused by foreign bodies in the pads should be

DATE

8/11/23



PATIENT

Wolfie Kitner

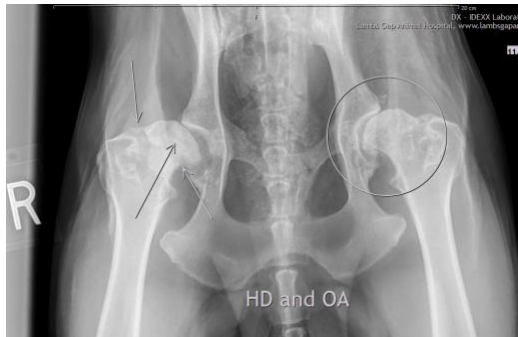
ruled out on manual examination. The bicipital tendons should be compared ultrasonographically for fibre alignment and effusion; a contrast CT or an MRI can identify flexor myositis of the elbow, tendinopathy in the digits. The significance of the hip changes has to be evaluated separately.

SPECIES

Canine

BREED

German Shepherd



SEX

Neutered Male

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.

AGE

7.5 Years

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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INTERPRETED BY

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