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|---|--|
| <b>PATIENT</b>  | <b>PRESENTING CLINICAL SIGNS</b>   |
| Shep Cummings   | Progressive difficulty getting up, especially over past weeks. Unusre if any trauma occurred, but P does play intensely with other dogs. Occ. has a limp on hindlimbs. Currently on Galliprant and Gabapentin  |
| <b>SPECIES</b>  | Abnormal PE/Chem/CBC/UA Results: P overweight. Discomfort on palpation on lumbar spine, resistance on L hip extension. Resistance on R stifle flexion. Both stifles thickened and crepitus on L stifle flexion.  |
| Canine  |  |
| <b>BREED</b>  | <b>RADIOGRAPHS OF L-SPINE, PELVIS AND STIFLES</b>  |
| Welsh Corgi   | R lat. hind leg, L lat. oblique hind leg, VD pelvis including stifles, lat (L2-tail) and VD L- spine,  |
|   | <b>RADIOGRAPHIC FINDINGS</b>   |
| <b>SEX</b>  | <u>L-spine</u>   |
| MN  | A large amount of subcutaneous fat is present.   |
| <b>AGE</b>  | Number and shape of the vertebrae are physiological. The skeletal structures are well mineralized and have smooth surfaces. The facet joints are congruent. The disc spaces are of homogeneous width   |
| 11.5 Years  | <u>Hind legs</u>   |
| <b>INTERPRETED BY</b>                                 | The skin surfaces are smooth, and the muscles appear to be symmetrically developed.  |
| Heike Rudolf, DVM,<br>Dr. med. Vet.,<br>DipECVDDI 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.   |
| <b>HOSPITAL NAME</b>                                  | <u>Pelvis</u>  |
| Boca Park Animal<br>Hospital                          | The centre of both femoral heads is located well lateral to the respective dorsal acetabular edge. Both hip joints are increased, and the cranial acetabular edges are straight. Minimal new bone formation is just evident along the joint capsule insertions and femoral necks.  |
| <b>REFERRING VET</b>                                  | <u>Stifles</u>   |
| Hill  | Both stifle joints have smooth subchondral bone surfaces. The centre of the R femoral condyle is in line with the intercondylar eminence. Both cranial fat pads are reduced, and the caudal fascial plains are caudally displaced on the right hind. A small amount of new bone formation is located on both patellae and the femoral ridges on the left. Both patellae are superimposed onto the lateral condyle. |
| <b>INVOICE</b>  | <b>RADIOGRAPHIC DIAGNOSIS</b>  |
| 53620   | Pelvis   |
| <b>DATE</b>   | <ul style="list-style-type: none"> <li>• HD, severe</li> <li>• Arthrosis, minimal</li> </ul>   |
| 8-19-22   | Stifles  |
|   | <ul style="list-style-type: none"> <li>• Moderate joint effusion, bilat.</li> <li>• Arthrosis, mild</li> </ul>   |



**PATIENT**

Shep Cummings

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Bilateral hip dysplasia is present, but the minimal amount of new bone formation suggests that neither hip joint is particularly unstable. Both stifle joints show joint effusion/fibrosis, but the amount of new bone formation suggests either a recent event or a relatively stability.

**SPECIES**

Canine

Accurate positioning of the spine is difficult even under G.A. and cord compression 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.

**BREED**

Welsh Corgi

A combination of all three diseases, however mild, may be causing the clinical signs. Tendinitis, gastrocnemius myositis or synovial inflammation could be present which can only be identified with contrast CT or MRI.

**SEX**

MN

**AGE**

11.5 Years

**INTERPRETED BY**

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

**HOSPITAL NAME**

Boca Park Animal  
Hospital

**REFERRING VET**

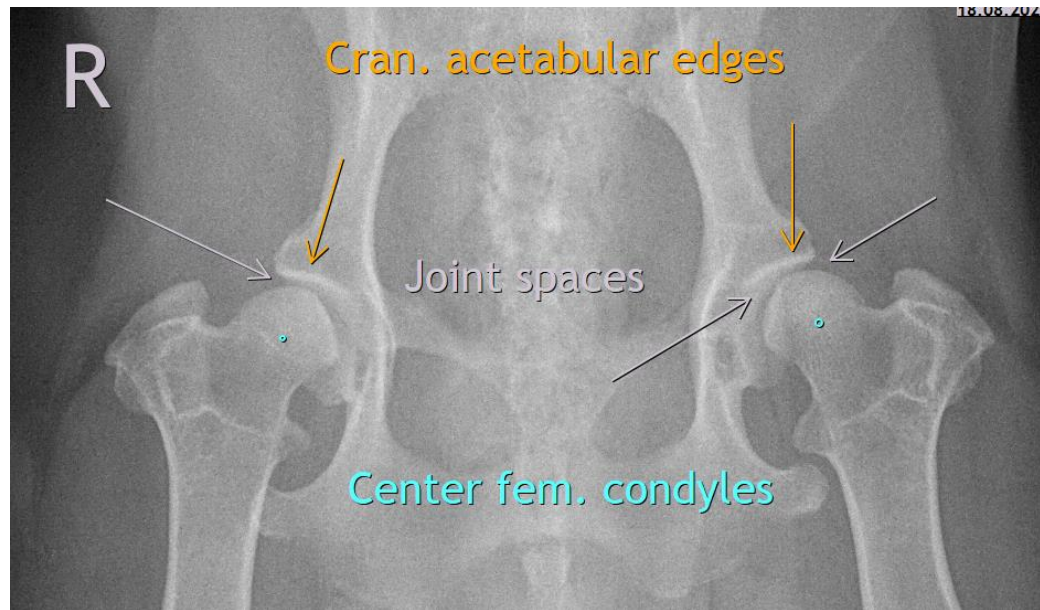
Hill

**INVOICE**

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**DATE**

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**PATIENT**

Shep Cummings

**SPECIES**

Canine

**BREED**

Welsh Corgi

**SEX**

MN

**AGE**

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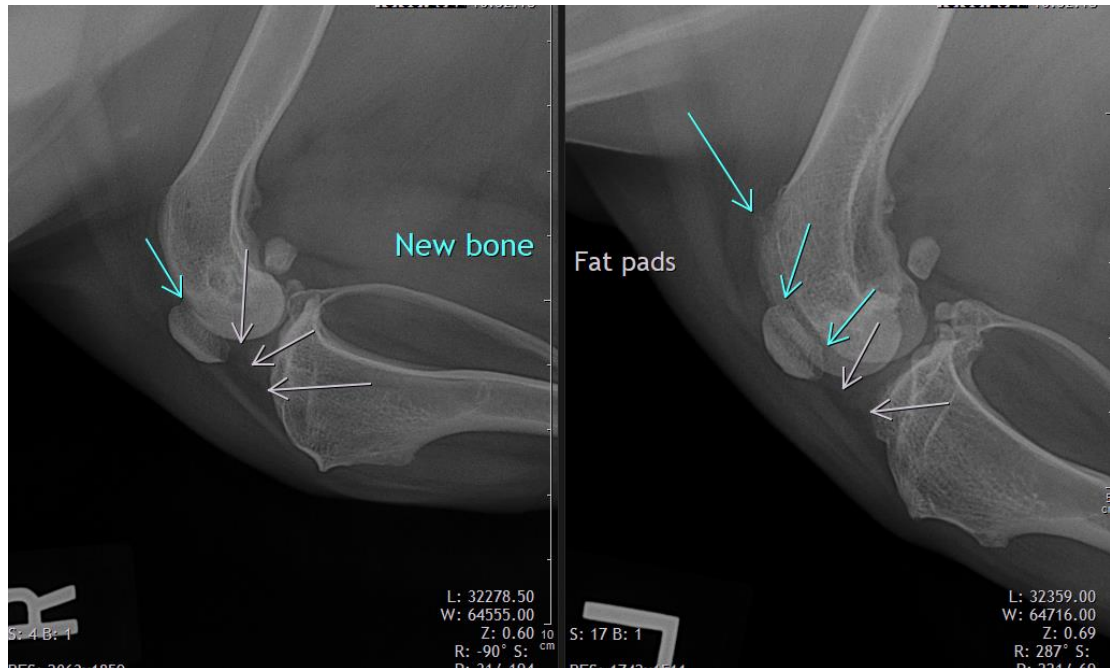
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**DATE**

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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.

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