

**PATIENT**

Stevie Haid

**PRESENTING CLINICAL SIGNS**

Rads - front leg, cortex thin mid shaft both front radius/u/na DDX: Osteomyelitis, Neoplasia front paws inflamed, no pain on palpation

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE FORE LEGS**

2x DP elbow to paws, 3x lateral centered on various levels

**BREED**

Pit Mix

**RADIOGRAPHIC FINDINGS**Paws

The skin surfaces are smooth, and the amount of surrounding soft tissue appear to be symmetrically developed.

**SEX**

Male

The joints appear congruent with even subchondral bone surfaces.

The long bones of the digits are well mineralized and have a normal trabecular structure and a smooth surface. Cortical-medullary development and differentiation are physiological.

**AGE**

6

Antebrachium

New bone with a slightly undulating surface is present on the caudo-proximal radius and the cranio-distal ulna. The opacity of the ulnar diaphysis at this level is increased.

**INTERPRETED BY**

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

**RADIOGRAPHIC DIAGNOSIS**

- Increased opacity ulna shaft

**HOSPITAL NAME**

Loving Care  
Veterinary Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An increased opacity of a long bone in young animals (in the GSD up to 7 years of age) is usually due to panosteitis. Superimpositioning is a differential diagnosis. The irregular cortical outline of radius and ulna is associated with the insertion of the interosseus muscle. I can see no signs for neoplasia or osteomyelitis. Follow up radiographs in 3-4 weeks centered on the region of interest are recommended.

**REFERRING VET**

Kristie Steele

**TECHNICAL COMMENTS**

Human fingers in primary beam r lateral paw. No side marker on DP paws.

**INVOICE**

47209

**DATE**

8-30-21



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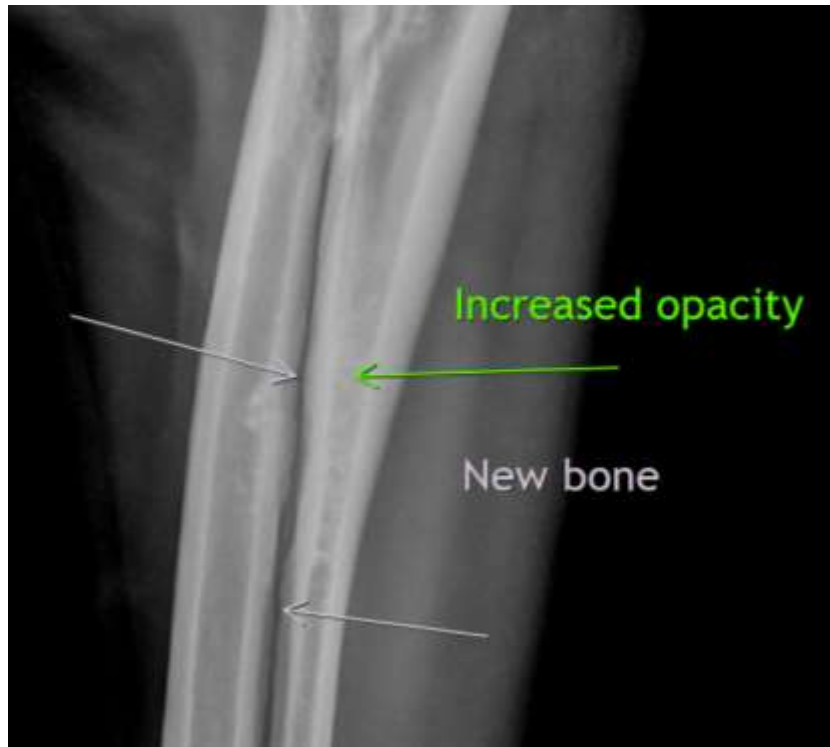
Kristie Steele

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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 Rudolf**, DVM, Dr. med. vet., DipECVDDI, DVR  
Dr.H.Rudorf@gmail.com