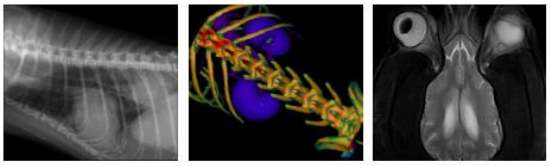
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Bushop Anderson

SPECIES

Canine

BREED

Whippet

SEX

Male

AGE

4 Years

INTERPRETED BY

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

HOSPITAL NAME

Ahwatukee Commons VH

REFERRING VET

Dr. Rebecca R. Housley

INVOICE

17443

DATE

9/23/22

PRESENTING CLINICAL SIGNS

History: Pt has Very mild discomfort noted when palpating L hindlimb. Muscle atrophy bilaterally. L patella> R laxity(very very mild) . No obvious cranial drawer noted but pt tense on palpation. * Per o pt was toe touching and then completely holding limb up 3 days ago. Since this morning pt has stopped limping. O took for a run this am.* Stifle & pelvic radiographs-No obvious abnormalities of the hips noted on radiographs. Femoral head sitting nicely within acetabular groves bilateral. Bilateral stifle joints loss of infrapatellar fat pad and suspected joint effusion- suspected partial acl?. R hindlimb lateral patellar luxation. L patella fitting nicely within the patellar grove. Right femur distal aspect of medullary bone slight lysis noted in contrast to R femur. No obvious fractures or dislocations noted. Stifle & pelvic radiographs. No obvious abnormalities of the hips noted on radiographs. Femoral head sitting nicely within acetabular groves bilateral. Bilateral stifle joints loss of infrapatellar fat pad and suspected joint effusion- suspected partial acl?. R hindlimb lateral patellar luxation. L patella fitting nicely within the patellar grove. Right femur distal aspect of medullary bone slight lysis noted in contrast to R femur. No obvious fractures or dislocations noted. Pt E/D normal, No S/C/V/D

RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

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. On the cranio-caudal oblique views of the R stifle joint, the distal femur and proximal tibia appear slightly more lucent than on the other side.

The centre of both femoral heads is located just medial to the respective dorsal acetabular edge. Both hip joints appear congruent with even subchondral bone surfaces. No new bone formation is evident. Both stifle joints have smooth subchondral bone surfaces and the centre of the femoral condyles 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. The L patella is located in its groove. The R patella is superimposed onto the lateral condyle.

RADIOGRAPHIC DIAGNOSIS

- I can see no abnormalities

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no changes that would explain the clinical signs. The changes in opacity of distal femur and proximal tibia likely represent artefacts due to location of the patella and tibial crest. The position of the R patella on the oblique cranio-caudal view is in line with the outward rotation of the R femur. Grade 1 and 2 patella luxations have to be diagnosed during the physical examination. Neuropathy, myositis of the gastrocnemius muscle bellies, or tendinitis can only be identified in cross sectional imaging and thus contrast CT or MRI is recommended.

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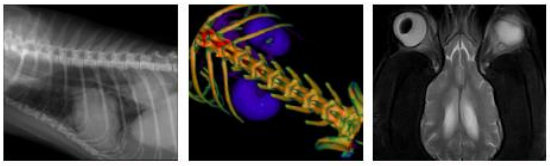

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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