



PATIENT PRESENTING CLINICAL SIGNS

Coco Boyes History: Acute NWB lame on the RHL. Still has good conscious proprioception over the -RHL (still feels when I palpate the paws and tries to pull leg back). Paw feels normal. Patella feels in place in trochlear groove No epaxial muscle spasms over the spine palpation

SPECIES Abnormal PE/Chem/CBC/UA Results: On sedated exam Suspect medial buttress present on the R stifle joint. no tibial thrust , no cranial drawer sign. R Stifle: Painful on palpation, and painful on extension, no cranial drawer appreciated before sedation. No cranial drawer or tibial thrust appreciated after sedation. R Patella: not luxated and still sitting in trachlear groove on stifle hyperextension L Hip: Painful on extension, but true bilaterally. Caudal thoracic to cranial lumbar vertebral spine: mildly painful. On Metacam & Gabapentin. CBC - thrombocytosis - stress, dehydration, HAC, other chemistry - mild ALT elevation (131) - mild hepatopathy? low CRE 43 (poor muscling) radiometer: lactate 4.4, hypernatremia 158 Platelet Count: 620 k/uL RBC: slight anisocytosis, rare mild polychromasia, occasional target cell WBC: NAF Nucleated RBC: none observed

SEX RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLES

Spayed Female The skin surfaces are smooth and the muscles appear to be symmetrically developed.

AGE 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.

16 Years **Pelvis**

INTERPRETED BY The centre of both femoral heads is located just lateral to the respective dorsal acetabular edge. Both hip joints appear congruent with even subchondral bone surfaces. No new bone formation is evident.

Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR **R Stifle**

The stifle joint has 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 and the patella is located in its groove.

HOSPITAL NAME River Valley VWC

RADIOGRAPHIC DIAGNOSIS

REFERRING VET • Very mild HD, bilateral

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Davashree Pala Considering the age of the dog, it is unlikely that the mild HD is causing the problems. In the absence of obvious radiographic evidence of stifle pathology, changes in the muscles (e.g. gastrocnemius myositis), nerves (e.g. neuritis, tumour), ligaments or tendons should be considered. Disc disease is also possible. Cross sectional imaging is recommended if the dog does not respond to conservative treatment.

INVOICE 17521

DATE 9/30/22



PATIENT

Coco Boyes

SPECIES

Canine

BREED

Cockapoo

SEX

Spayed Female

AGE

16 Years

INTERPRETED BY

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

HOSPITAL NAME

River Valley VWC

REFERRING VET

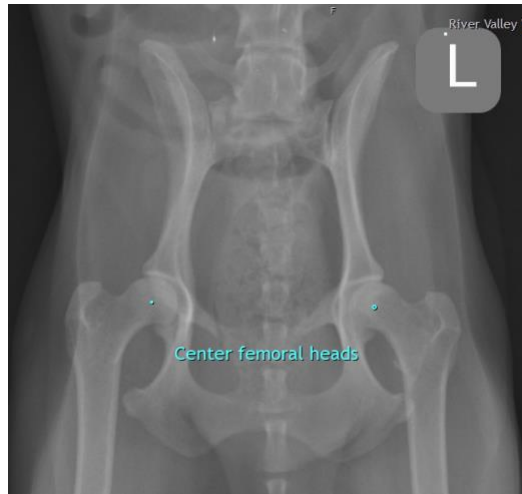
Dr. Davashree Pala

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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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