



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kaiser Simco	Previously diagnosed with Polyarthritis and Polysynovitis. Drags back right leg. Past 4-5 days hesitant to get up and last night non- weight bearing. Taking Leflunomide 125mg SID. DVM: WEIGHT-BEARING LAMENESS RIGHT HINDLIMB WITH SLIGHT SWELLING OF THE HOCK.
<b>SPECIES</b>	<b>RADIOGRAPHIC STUDY OF STIFLES AND TARSI</b>
Canine	Stifles: 2 orthogonal views each Tarsi: R+L lateral
<b>BREED</b>	<b>RADIOGRAPHIC FINDINGS</b>
Longhaired German Shephrd	The skeletal structures are well mineralized, with physiological cortico-medullary development and differentiation.
<b>SEX</b>	<u>Stifles</u>
N/A	The R stifle joint has smooth subchondral bone surfaces. The centre of the femoral condyles is level with the intercondylar eminence. The cranial fat pad is degreased, and the caudal fascial plains are caudally displaced. A small amount of new bone formation is present on the femoral ridges, fabellae and level with the insertion of the cruciate ligament on the tibial plateau.
<b>AGE</b>	The L stifle joint has smooth subchondral bone surfaces. The centre of the femoral condyles is level with the intercondylar eminence. The cranial fat pad is degreased, and the caudal fascial plains obscured. New bone formation is present on the femoral ridges, fabellae, tibial plateau, and patella.
10 Years, 11 Months	
<b>INTERPRETED BY</b>	<u>Tarsi</u>
Heike Rudolf, DVM, Dr. med. Vet., DipECVDI DVR	Both tarsi are symmetrically affected by periarticular new bone formation and a small amount of soft tissue swelling/joint effusion.
<b>HOSPITAL NAME</b>	<b>RADIOGRAPHIC DIAGNOSIS</b>
Elizabeth Animal Hospital	<ul style="list-style-type: none"> <li>• OA</li> <li>• Small amount of tibio-tarsal soft tissue swelling</li> </ul>
<b>REFERRING VET</b>	Stifles
Sareena Enloe, DVM	<ul style="list-style-type: none"> <li>• Joint effusion R&gt;L</li> <li>• OA L&gt;R</li> </ul>
<b>INVOICE</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
47359	The tarsal and stifle changes are long standing and unlikely to be the cause of the current clinical signs. However, a traumatic incident may have caused a separate bone fragment to dislodge which is now causing the problems. The proprioceptive deficits in the hind limbs require further investigation as cauda equina syndrome may be present. CT is recommended for both regions.
<b>DATE</b>	
9-7-21	



**PATIENT**

Kaiser Simco

**SPECIES**

Canine

**BREED**

Longhaired German  
Shephrd

**SEX**

N/A

**AGE**

10 Years, 11 Months

**INTERPRETED BY**

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

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**REFERRING VET**

Sareena Enloe, DVM

**INVOICE**

47359

**DATE**

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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., DipECVDI, DVR**  
Dr.H.Rudorf@gmail.com