



PATIENT

Sadie Andersen

PRESENTING CLINICAL SIGNS

Slipped while playing a few days ago and non-weight bearing on left rear leg since. History of elbow dysplasia (repaired).
Abnormal PE/Chem/CBC/UA Results: Crepitus and pain with palpation of left stifle, some crepitus on right stifle. Mild decreased muscle mass on left rear leg.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE PELVIS

Ventrodorsal view of the pelvis available for review.

BREED

Mixed - Lab Cross

RADIOGRAPHIC FINDINGS

The greater trochanter apophyses are incompletely fused to the femur in both hind limbs.

SEX

Female Spayed

The right femoral neck presents a coxa vara position. Mild osseous remodeling of the femoral neck and femoral head is seen.

AGE

2 Years, 3 Months

The left femoral head presents mild uniform sclerosis. Proximolateral slip of the femoral neck is seen. The femoral head is still in situ and the femoral head and neck overlap by 50% of their width only. The acetabulum appears to be flat and there is lateralized subchondral bone sclerosis at the craniolateral acetabular rim.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

- Left slipped capital femoral epiphyseal lysis.
- Suspect underlying disturbed endochondral ossification with coxa vara deformity of the right femoral neck.
- Incomplete fusion of the apophyseal physes.
- Moderately dysplastic conformation of the left acetabulum.

HOSPITAL NAME

Cornelius Veterinary
Clinic

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals left proximal femoral epiphyseal lysis. Based on the radiographic appearance, underlying disturbed endochondral ossification with a slip caused by minor trauma appears likely, especially considering the appearance of the right femoral neck and the presence of incomplete fusion of the apophyseal physis.

REFERRING VET

H. Flint

INVOICE

49176

DATE

12-21-21



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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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com