



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Odin Candelario

**SPECIES**  
Canine

**BREED**  
Golden Retriever

**SEX**  
NM

**AGE**  
5 Years, 1 Month

**INTERPRETED BY**  
Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**  
DPC Veterinary Hospital

**REFERRING VET**  
Ward

**INVOICE**  
56772

**DATE**  
2-15-23

Rechecking: ears + sedated radiographs History: 5yr 1m old NM golden retriever presented today to recheck ear cytology and drop-off for sedated radiographs of the hips. No response to Rimadyl - finished about 1 week ago. Owner says P is hesitant to jump on the bed. No vocalizing in pain. P is never non-weightbearing on his legs. P has gained weight since previous visit, owner has tried measuring food. Owner says ears are slightly better. Discharge came back after 7 day course of otomax was over. Owner says Cytopoint worked well for P.

Abnormal PE/Chem/CBC/UA Results: Exam Notes: BARH. EENT--erythema and moderate red-brown discharge AU. Ambulatory x 4, no change in gait, still painful on mild hip extension--owner does not think Rimadyl helped at all. \*While under sedation, palpated both pelvic limbs--> bilateral stifle effusion palpated, reduced range of motion hip extension, possible cranial drawer right stifle\*\* Decreased muscle mass bilateral pelvic limbs. Could not elicit Ortolani sign on either hip. Diagnostics & Testing: Sedated with dexmedetomidine 0.6ml + butorphanol 10mg/ml 0.6ml IV. Adequate sedation achieved. Orthopedic exam under sedation, see above. Lateral of right and left stifle performed as well as lateral and VD pelvis. Periarticular osteophytes, poor acetabular coverage/subluxation, thickening of femoral neck bilaterally, worse on right--additional evaluation pending radiologist consultation. Possible CCLR (partial vs. full) pending radiologist evaluation.

**RADIOGRAPHIC STUDY OF THE PELVIS & STIFLES**

Mediolateral views of both stifle joints and ventrodorsal hip extended and flexed views of the pelvis as well as lateral view of the pelvis totaling 5 images available for review.

**RADIOGRAPHIC FINDINGS**

**Pelvis**

Moderate reduced femoral head coverage is noted bilaterally with craniodorsal subluxation and wide and incongruent joint spaces of both coxofemoral joints.

There is a moderate amount of circumferential femoral head and femoral neck osteophytes as well as a large amount of new bone formation circumferential to the acetabular grooves in both hind limbs.

The lateral view of the pelvis reveals moderate L6/7 spondylosis deformans with mildly reduced intervertebral disc space width and vertebral endplate sclerosis.

The muscle volume of both the right and left hind limb, R>L, is reduced.

**Stifles**

Both stifle joints present within age related normal limits.

There is no evidence of articular swelling, tibial thrust, or osteoarthritis. No subchondral bone defects and no aggressive bone lesions are seen.



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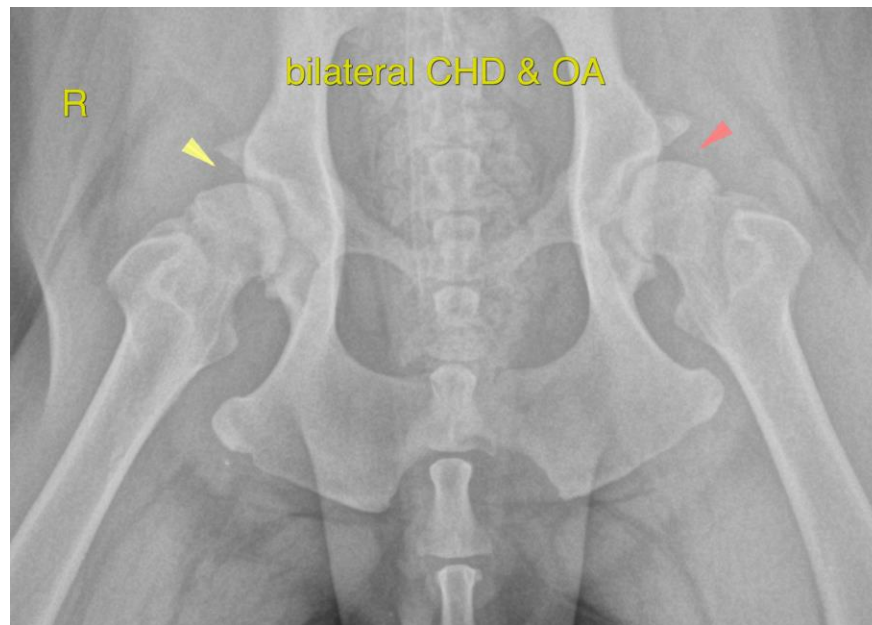
**RADIOGRAPHIC DIAGNOSIS**

- Moderate bilateral canine hip dysplasia with moderate secondary coxofemoral joint osteoarthritis.
- Disuse atrophy of the bilateral hind limb musculature, R>L.
- Chronic intervertebral disc disease L6/7.
- Normal radiographic presentation of both stifle joints.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study confirms presence of moderate bilateral canine hip dysplasia with moderate secondary coxofemoral joint osteoarthritis.

Both hind limbs show muscle atrophy. The degree of atrophy appears to be more advanced in the right hind limb which may correlate with the clinical disuse of the right hind limb. No evidence of concurrent stifle arthropathy was found radiographically.



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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