

**PATIENT**

Perry Titus

**PRESENTING CLINICAL SIGNS**

P IS A 1Y6M OLD INTACT MALE FRENCH BULLDOG PRESENTING TODAY FOR LIMPING R HIND LEG. O STATES BEEN LIMPING FOR WEEK AND HALF. O STATES P PLAYS ROUGH WITH OTHER DOG AND JUMPS ON AND OFF FURNITURE. O STATES ALSO RASH ON SAME PAW. NO OTHER PROBLEMS/CONCERNS. EYES DOING BETTER

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE PELVIS**

Lateral and ventrodorsal views of the pelvis totaling 2 images available for review.

**BREED**

French Bulldog

**RADIOGRAPHIC FINDINGS**

The muscle volume appears symmetric in both hind limbs.

**SEX**

Male Intact

There is cranial and proximal luxation of the right femoral head. No obvious defect is seen in the femoral head. A polygonal shaped mineral opacity is superimposed onto the dorsal acetabular rim. The acetabulum appears flat with concave dorsal acetabular rim and moderate craniolateral subchondral bone sclerosis.

**AGE**

1 Year, 6 Months

The left coxofemoral joint presents in situ and within normal limits.

**RADIOGRAPHIC DIAGNOSIS**

- Cranioproximal right femoral head luxation.
- Right sided canine hip dysplasia.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals cranial and proximal luxation of the right femoral head. The patient may have been prone to luxation owing to the presence of a dysplastic hip conformation. No overt defect of the femoral head or acetabulum is seen. However, they are partially superimposed and orthogonal hip extended and flexed views as well as mediolateral faux profile view are recommended prior to potential repositioning in order to ascertain the integrity of the femoral head and acetabulum if not performed already.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

50427

**DATE**

2-20-22



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**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

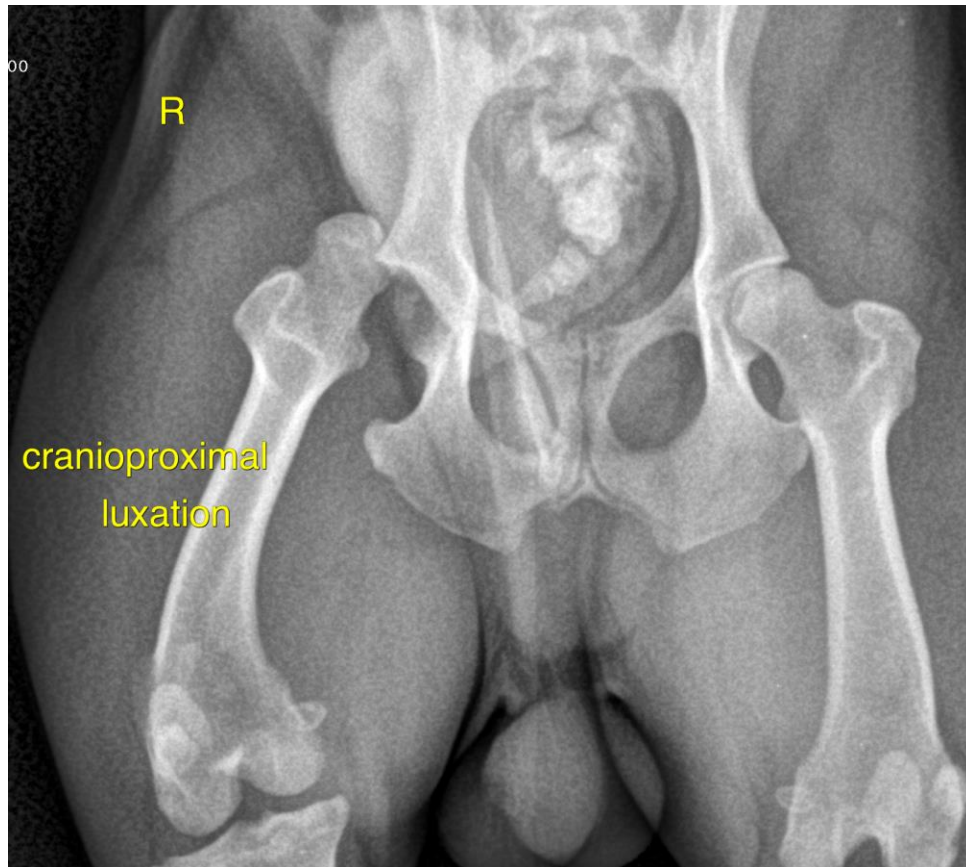
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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