



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Willy Garcia

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Neutered Male

AGE
4 Years, 7 Months

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

4yr 7m old NM Chihuahua mix presented for a possible injury to the LHL. P has had significant weight gain from previous records - 05/2021 12.46lbs, currently 17.2lbs. O notices that P has been walking slower and limping on the LHL. P goes on 30min walks in the mornings and seems to not be able to tolerate the exercise anymore - no coughing or abnormalities with breathing. When P lifts his leg to urinate, The L leg will turn in and collapse under him. P used to go to the dogpark but cannot keep up with other dogs anymore. O says P is about 5yrs old but was adopted so Ps age is ambiguous. P previously tested positive for HWD 05/2021. Last negative test for microfilaria knots 09/2021. The limited activity could be a possible contribution to Ps significant weight gain. While limiting Ps activity for the HW treatment, she was not being mindful of Ps calorie intake. O thinks P has an eye infection. Noticed clear, sometimes yellow discharge coming from both eyes. 2+ months ago, P got into an altercation with a cane toad and was foaming at the mouth, O rinsed out the mouth with water and has not observed any problems with P.

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: grade 1 dental tartar present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Abnormal ambulation, no lameness noted, stiff stifle/hip joint on left hind limb when walking. Mild decrease ROM on extension of the coxofemoral joint LH. No joint effusion or MPL noted on the left stifle. No pain on palpation of limbs, normal flexion/extension present in all joints of all limbs. No pain along palpation of the spine. BCS 5/9 Neurological: Appropriate, CP present

RADIOGRAPHIC STUDY OF THE LEFT STIFLE & PELVIS

Mediolateral and craniocaudal views of the stifles and ventrodorsal hip extended view of the pelvis totaling 3 images available for review.

HOSPITAL NAME

DPC Veterinary Hospital

RADIOGRAPHIC FINDINGS

Stifles

There is no evidence of articular swelling, cranial thrust of the tibia, patella luxation, or osteoarthritic changes of the left stifle. The patella tendon presents thin and smooth. The subchondral bone surfaces of the femoral condyles and tibia present intact.

The right stifle presents no radiographic abnormality as well.

REFERRING VET

Dr. Duke

Pelvis

INVOICE

50426

Mild muscle atrophy of the left hind limb musculature appears to be present.

DATE

2-20-22

The coxofemoral joints present no significant signs of dysplasia or osteoarthritis. No evidence of traumatic osseous injury or aggressive bone lesions is identified.



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RADIOGRAPHIC DIAGNOSIS

- Structurally normal radiographic findings of the left stifle joint.
- Radiographically normal pelvis.
- Mild disuse atrophy of the left hind limb musculature.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is negative for articular injury of the left stifle. No evidence of osseous changes of the left femur, tibia, and fibula are seen. The patella is in situ. There appears to be no abnormal soft tissue swelling.

The radiographic presentation of the pelvis was within normal limits. Lameness of other origin including musculotendinous and neurologic disease appears to be a potential consideration in this patient.





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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.

SPECIES

Canine

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