



PATIENT

Quincy Young

SPECIES

Feline

BREED

Domestic Medium Hair

SEX

MN

AGE

1 Year, 8 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

47580

DATE

9-28-21

PRESENTING CLINICAL SIGNS

Patient presented to the clinic on 9/20/2021 due to hissing and growling at owner after possibly getting leg stuck in something. Owner never saw anything happen however heard some noises coming from upstairs when she was downstairs. On the exam on 9/20 patient was Ambulatory X 4, SORE IN REAR, APPEARS TO BE RIGHT HIND IN CLINIC, PAINFUL TO PALPATION OF LUBAR MUSCLES ON RIGHT SIDE. Owner was told if it doesn't get better to bring him back so they did that today. On the exam today there was crepitus in right hind that was not felt on previous exam.

RADIOGRAPHIC STUDY OF THE PELVIS

Ventrodorsal and lateral views totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

Right femoral head epiphyseal lysis is seen with rounded and sclerotic fracture margins. No evidence of callus formation is noted.

There appears to be mild widening of the lateral aspect of the physeal scar of the left femoral head.

RADIOGRAPHIC DIAGNOSIS

- Presumed non-traumatic slipped capital femoral epiphyseal lysis of the right femoral head.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings are suggestive for slipped capital femoral epiphyseal lysis which is spontaneous capital epiphyseal fracture; a condition of unknown etiology. Probably a cartilaginous physeal defect is present which can lead to femoral head displacement without significant trauma. Slipped capital femoral epiphyseal lysis can be unilateral or bilateral.

The treatment is conservative or surgical. Treatment options include femoral head/neck ostectomy and open reduction and internal fixation which, however, may be challenging with non-healthy cartilage and bone with reduced healing potential.



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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
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