



## PATIENT

Murphy Dykes

## SPECIES

Canine

## BREED

Bulldog Mix

## SEX

NM

## AGE

5Y, 4M

## WEIGHT

42.0lbs

## INTERPRETED BY

Tilde Rodrigues Froes,  
DMV, MSc., Dr. Med  
Vet., Dipl. CBraRVet

## IMAGING PERFORMED BY

Iyana

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Rivera

## INVOICE

74363

## DATE

3-26-26

## PRESENTING CLINICAL SIGNS

- Pet presented with history of acute RH lameness after his walk last night. No known trauma. Pet has history of bilateral hip dysplasia and luxation of L coxofemoral joint. O gave gabapentin last night and this am.

Musculoskeletal: BCS = 5/9. Ambulatory x 3. RH: non-weight bearing on ambulation, negative cranial drawer sign and tibial thrust, grade 3/4 MPL, seems painful on coxofemoral palpation, however no "click" sound on manipulation/rotation.

Hx of bilateral MPL, L luxated hip and hip dysplasia

## RADIOGRAPHIC STUDY OF THE LUMBAR SPINE, PELVIS AND STIFLE JOINTS

Orthogonal views of radiographs of the lumbar spine, pelvis and stifle joints are provided for review. One ventrodorsal view of the pelvis, one craniocaudal views of the stifle joints, one lateral view of the lumbar spine and one lateral view of the right stifle joint.

## RADIOGRAPHIC FINDINGS

### PELVIS

The right coxofemoral joint is subluxated.

The left femoral head is caudodorsally luxated.

Both acetabula are shallow and associated with periarticular osteophyte formation and subchondral sclerosis, more pronounced on the right side.

The femoral necks are bilaterally thickened.

Both femoral heads are flattened with sclerotic margins, more evident on the right side.

There is a subjective reduction in the volume of the right gluteal musculature compared with the contralateral side.

### RIGHT STIFLE

There is increased opacity within the infrapatellar fat pad associated with mild periarticular soft tissue swelling.

The proximal tibia is mildly cranially displaced and slightly rotated relative to the femoral axis.

A tiny mineral opacity is noted along the medial aspect of the proximal tibia on the craniocaudal projection, measuring 2.0 mm, superimposed over the tibial crest on the lateral projection.

The right patella is mildly medially displaced, superimposed over the medial femoral condyle, which may represent medial patellar subluxation or positional variation.

The patellar ligament does not demonstrate its usual taut appearance.

### LEFT STIFLE

Only a craniocaudal projection is available for evaluation.



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The left patella is mildly laterally displaced, superimposed over the lateral femoral condyle, which may represent positional variation.

No radiographic evidence of joint effusion or subchondral osseous abnormality is identified on the available view.

## LUMBAR SPINE

There is a normal vertebral count of the lumbar spine (L1 – L7).

The sacrum (S1 – S3) and caudal vertebrae demonstrate congenital screw-tail conformational changes.

There is incomplete bridging spondylosis deformans at L7 – S1.

Mild multifocal degenerative osteoproliferative changes are present involving the articular facet joints of the lumbar vertebrae.

The lumbar vertebral alignment is preserved.

The intervertebral disc spaces and visible intervertebral foramina are within normal limits.

## RADIOGRAPHIC DIAGNOSIS

- Right coxofemoral subluxation and left coxofemoral luxation.
- Bilateral hip dysplasia with marked secondary osteoarthritis, characterized by shallow acetabula, femoral neck thickening, femoral head remodeling/flattening, periarticular osteophyte formation, and subchondral sclerosis.
- Subjective reduction in right gluteal musculature volume, compatible with disuse muscle atrophy.
- Right stifle joint findings include mild medial patellar displacement, increased infrapatellar fat pad opacity, mild periarticular soft tissue swelling, mild cranial displacement of the proximal tibia relative to the femur, and loss of the usual taut appearance of the patellar ligament. These findings may reflect stifle instability, inflammatory joint effusion, and are suspicious for chronic degenerative change and/or cranial cruciate ligament insufficiency, despite inconclusive orthopedic testing.
- Tiny mineral opacity adjacent to the medial aspect of the proximal tibia, likely chronic enthesopathic/mineralized degenerative change, osteochondroma or less likely traumatic chip fracture.
- Mild multifocal lumbar spondylosis deformans and facet joint osteoarthritis.
- Congenital screw-tail conformational changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings reveal chronic bilateral coxofemoral joint disease, including right coxofemoral subluxation, left coxofemoral luxation, and bilateral hip dysplasia with secondary osteoarthritis. These findings are likely clinically relevant and may explain the patient's pelvic limb pain and gait abnormality.

There is also subjective reduction in the volume of the right gluteal musculature, likely representing disuse muscle atrophy.

In the right stifle joint, the radiographic changes suggest joint instability, including mild medial patellar displacement and subtle findings that may be compatible with cranial cruciate ligament insufficiency,



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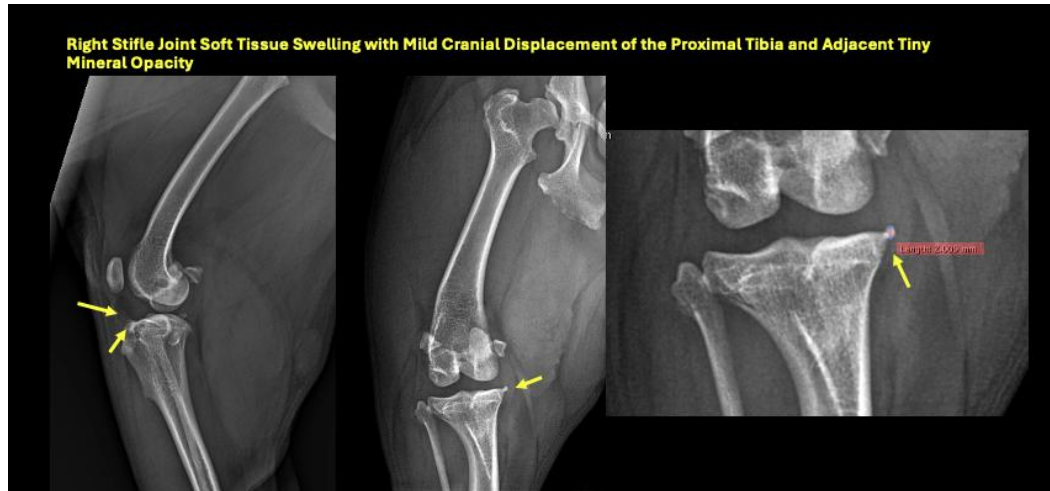
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despite inconclusive orthopedic testing. Chronic patellar instability may also be contributing to these changes. If the initial orthopedic examination was performed in the awake patient, repeat orthopedic evaluation under sedation is suggested for more accurate assessment of stifle stability and patellar tracking.

The lumbar spine changes are mild and degenerative in appearance and are considered of lower clinical relevance compared with the pelvic and stifle findings.



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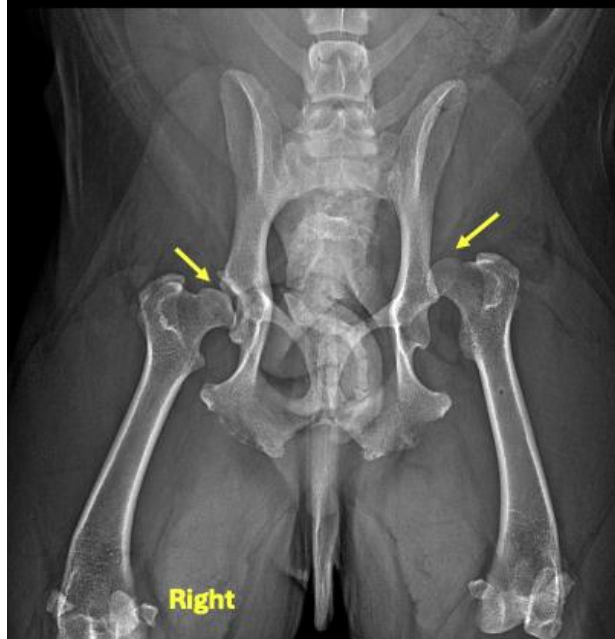
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## Bilateral Hip Dysplasia/Osteoarthritis with Left Coxofemoral Luxation





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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.

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