



PATIENT

Rocky Carino

SPECIES

Canine

BREED

Beagle Mix

SEX

MN

AGE

5Y

WEIGHT

60lbs

INTERPRETED BY

Heike Rudolf, DVM, Dr.
med. Vet., DipECVDDI
DVR

IMAGING PERFORMED BY

Taylor Todora

HOSPITAL NAME

Pocono Peak
Veterinary Center

REFERRING VET

Dr. Jodie Santore

INVOICE

72911

DATE

12-9-25

PRESENTING CLINICAL SIGNS

on and off lameness on right hind leg starting about a month ago.

RADIOGRAPHS OF PELVIS AND RIGHT STIFLE

R lateral and craniocaudal stifle, VD pelvis, totaling 3 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed.

All bones are well mineralized, have a normal trabecular structure and a smooth surface. Cortical-medullary development and differentiation of the long bones are physiological.

Pelvis: The center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

Stifle R: the joint presents with smooth, subchondral bone surfaces. The center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad is slightly reduced, and the caudal fascial plains are caudally displaced by a soft tissue opacity in the joint. A small amount of new bone (NB) formation is present on the distal pole of the patella, proximal femoral ridges, one fabella, tibial plateau, origin of the extensor tendon and the tibial insertion of the cranial cruciate ligament.

RADIOGRAPHIC DIAGNOSIS

R stifle

- Arthrosis
- Mild effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are consistent with stifle instability and may represent cranial cruciate ligament (CCL) damage. However, the development of arthrosis has been studied in Beagles and can be present without primary joint disease. Examination of the other stifle is thus recommended to support the theory of CCL damage. Ultrasound of the stifle joint can also help detect cruciate disease. Alternatively, the clinical examination can be repeated under sedation as a cranial drawer sign is then easier to detect.



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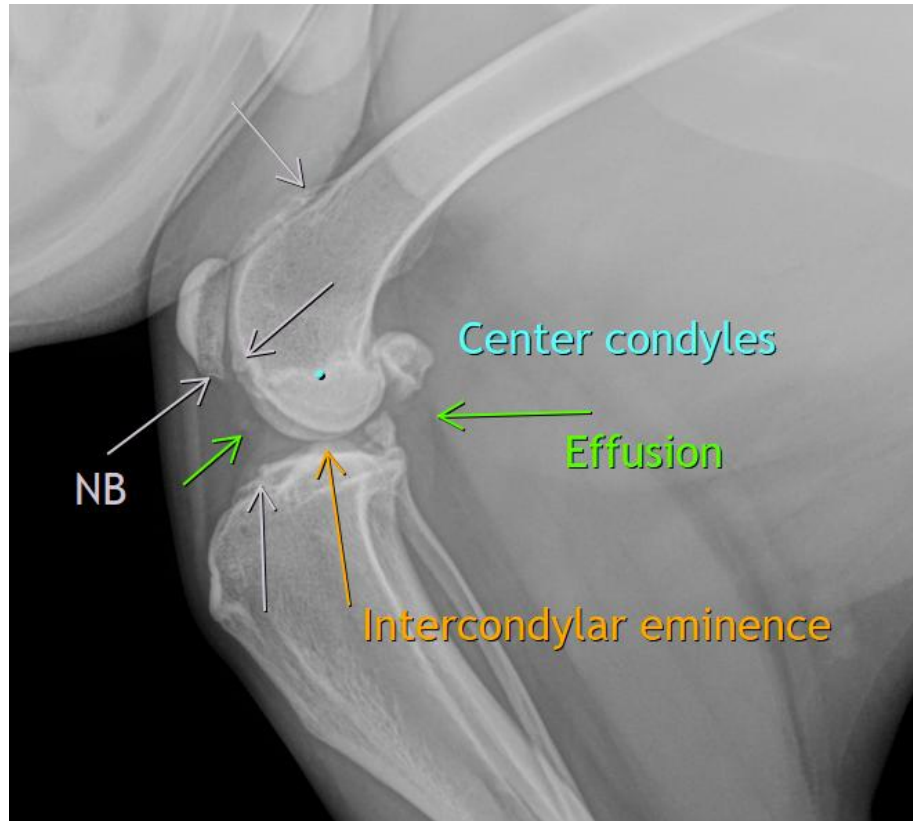
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com