



## PATIENT

Sterling Lacasse

## SPECIES

Canine

## BREED

Weimaraner

## SEX

Male

## AGE

5 years

## WEIGHT

85 lbs

## INTERPRETED BY

Dr. Lawrence McGill,  
DVM, Ph.D., Diplomate,  
ACVP

## IMAGING PERFORMED BY

Sarah Botkin

## HOSPITAL NAME

Ruidoso AC

## REFERRING VET

Dr. Botkin

## INVOICE

75571

## DATE

5/14/26

## PRESENTING CLINICAL SIGNS

History: One year history of waxing/waning joint swelling and lameness. History of Anaplasma that was treated with several courses of doxycycline. No known trauma. Recently determined to be seronegative for Anaplasma. Negative for other tick-borne and fungal diseases on serology. Abnormal PE/Chem/CBC/UA Results: On PE findings, both carpi and tarsi are swollen and warm to the touch. Shifting leg lameness. Temp 102.1F. Radiographs of the affected joints show associated soft tissue swelling, with no overt osseous abnormalities noted. Collected joint fluid from the R carpus, R/L tarsi. Bacterial cultures were obtained as well. Recently finished a course of doxycycline, and carprofen has been used for discomfort.

## CYTOLOGY SUBMISSION

FNA of the joint fluid was submitted for evaluation.

## OBSERVATIONS

Joint fluid: Submitted are 3 excellent videos and 13 excellent images of joint fluid collected from two joints on Sterling. The joint collections are hemorrhagic with aggregates of synovial cells in some fields and scattered inflammatory cells in others. The majority of the inflammatory cells are round cells or macrophages or lymphocytes. There are some fields that have neutrophils. The neutrophils are not the most common cellularity. They are mixed with the round cells. Malignant characteristics are not present.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Joint fluid - Mixed cell collection suggesting degenerative joint disease or possible Lymes disease.

## COMMENTS

The cellularity is mixed in this collection causing concern about the possibility of degenerative joint disease. Your samples are excellent with respect to collecting at least two joints. In the dog if there are large numbers of neutrophils that are non-degenerate in at least two joints, this is essentially diagnostic for autoimmune synovitis. The mixed cellularity in this collection is not diagnostic for autoimmune disease but it does not completely rule that diagnosis out. I have seen the mixed cell collection in Lymes disease and is more common in degenerative joint disease. There is no suggestion of malignancy or sepsis in the collection. A guarded prognosis is warranted since the specific underlying process has not been confirmed but there is definitely inflammation. Lymes disease or Bartonella could still be a part of the process.



## PATIENT

Sterling Lacasse

## SPECIES

Canine

## BREED

Weimaraner

## SEX

Male

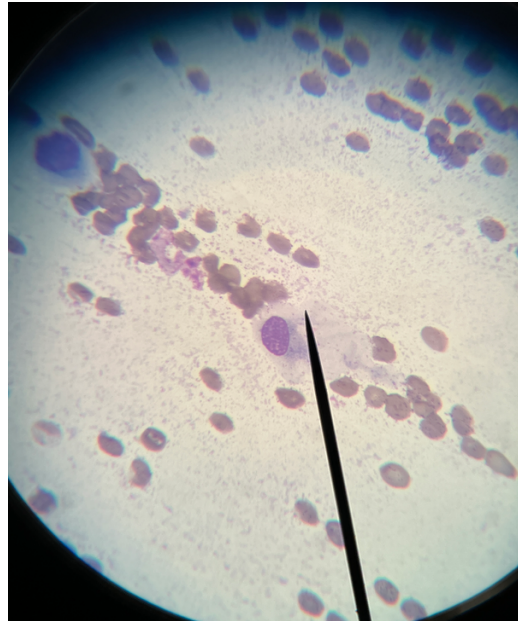
## AGE

5 years

## WEIGHT

85 lbs

## CYTOLOGY IMAGE



This is an image of the most common cellularity identified in this synovial fluid from Sterling. The red blood cells and round cells are the most common.

## INTERPRETED BY

Dr. Lawrence McGill,  
DVM, Ph.D., Diplomate,  
ACVP

## IMAGING PERFORMED BY

Sarah Botkin

## HOSPITAL NAME

Ruidoso AC

## REFERRING VET

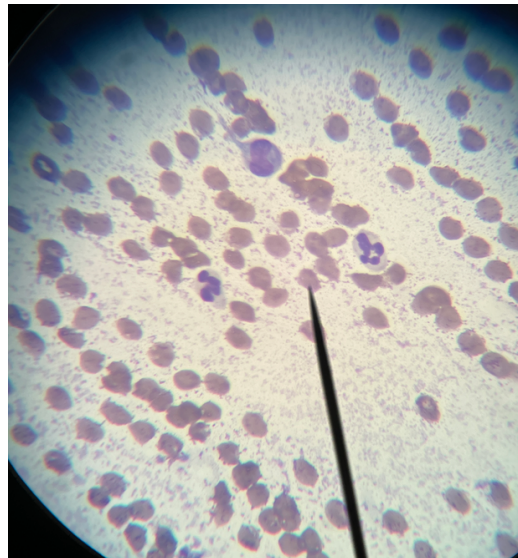
Dr. Botkin

## INVOICE

75571

## DATE

5/14/26



This is an image of cells collected from the synovial fluid in Sterling. These neutrophils are not degenerate. If the majority of the cells were these neutrophils, then autoimmune synovitis would be suggested. This is not the case in the collection.



## PATIENT

Sterling Lacasse

## SPECIES

Canine

## BREED

Weimaraner

## SEX

Male

## AGE

5 years

## WEIGHT

85 lbs

## INTERPRETED BY

Dr. Lawrence McGill,  
DVM, Ph.D., Diplomate,  
ACVP

## IMAGING PERFORMED BY

Sarah Botkin

## HOSPITAL NAME

Ruidoso AC

## REFERRING VET

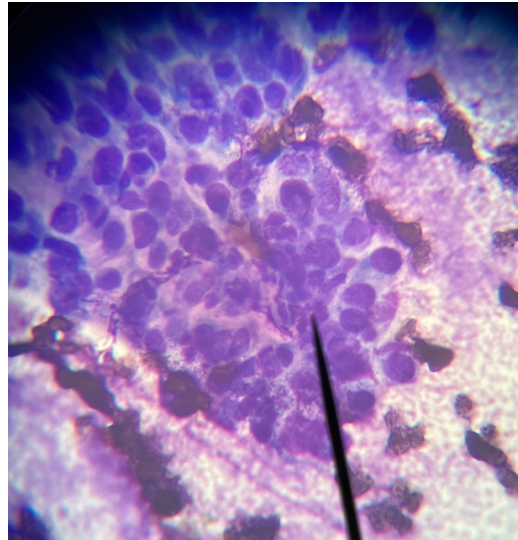
Dr. Botkin

## INVOICE

75571

## DATE

5/14/26



This is a group of synoviocytes suggesting proliferative synovium and chronic synovitis in Sterling.

**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.

**L.D. McGill, DVM, Ph.D., DACVP**

[info@sonopath.com](mailto:info@sonopath.com)