

**PATIENT**

Mugsy Hull

**PRESENTING CLINICAL SIGNS**

The original injury occurred over a year ago to the right stifle. reported a hesitation to move at times. Other days will walk 20-30 mins. Some days will not go for his walk. Bunny hops at times. Seems better after a good nights sleep , but is stiff and possible sore upon rising. seems to be getting more and more sore after walks

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Previous work up showed suspect partial tear to the right CCL, has continued to limp on this leg since the summer, if rest gets a bit better but if starts to use it then will start to limp. Xrays 1. Mild right stifle effusion likely compatible with an intra-articular injury such as a partial/complete cruciate rupture and/or meniscal damage. 2. Unremarkable pelvis. Joint palpates relatively stable, mild medial buttress, slight CTT 3. Unremarkable left stifle and tarsi.

**BREED**

Med Terrier

**ULTRASONOGRAPHIC FINDINGS****SEX**

MN

**Right Stifle**

A moderate amount of anechoic effusion is seen within the supra- and intra-patellar recesses of the right stifle joint. There is moderate thickening of synovium, and a moderate amount of periarticular osteophytes are noted.

**AGE**

7 Years, 2 Months

Part of the cranial cruciate ligament presents continuous however echogenic disrupted fibers are seen at the distal insertion of the cruciate ligament.

The lateral and medial menisci present in situ, smoothly delineated, and with uniform internal echoarchitecture.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**ULTRASONOGRAPHIC DIAGNOSIS**

- Moderate right stifle osteoarthritis with partial rupture of the cranial cruciate ligament.

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic study suggests presence of partial fiber disruption of the right cranial cruciate ligament. Moderate concurrent osteoarthritis is seen. Biomechanical failure is likely present based on the ultrasonographic findings and surgical intervention should be considered in order to prevent further damage to the joint.

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

56091

**DATE**

1-10-23



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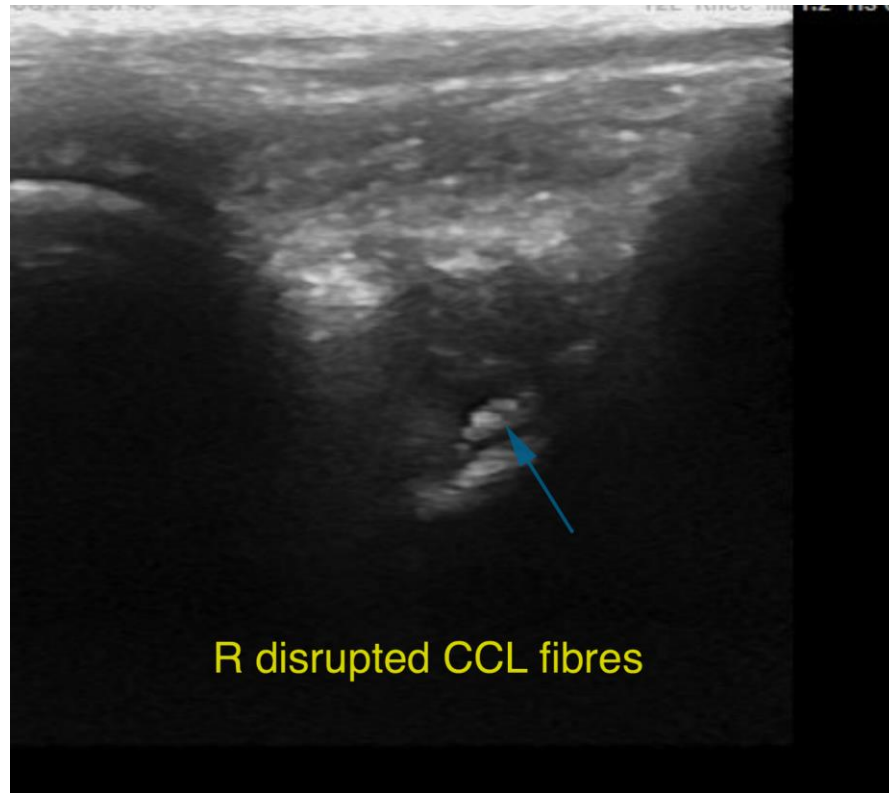
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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