

PATIENT

Dougal Mack

SPECIES

Canine

BREED

Bernadoodle

SEX

MN

AGE

8Y

WEIGHT

42kg

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Dr Trudeau

HOSPITAL NAME

Vetcetera Animal
Hospital

REFERRING VET

Dr Trudeau

INVOICE

72639

DATE

11-17-25

PRESENTING CLINICAL SIGNS

presented initially for LH lameness and Dx with lyme disease. Started on Doxycycline and responded well until this last weekend he became toe touching to non weight bearing LH leg; x-rays were NSF at the initial exam

Abnormal PE/Chem/CBC/UA Results: CBC - thrombocytopenia (manual count confirmed)
otherwise NSF Chem - NSG Flex 4 - lyme +

ULTRASONOGRAPHIC FINDINGS

Left Stifle

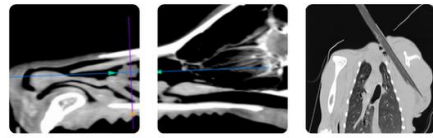
No significant joint effusion is observed in the infrapatellar position. The cranial cruciate ligament appears intact and continuous with no evidence of altered echogenicity or fiber disruption. The visible parts of the medial meniscus are normal in position and morphology. Synovial lining shows no appreciable thickening or abnormality in the infrapatellar position. No abnormality of the infrapatellar fat pad is seen. The patella tendon presents within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- No ultrasonographic evidence of stifle joint effusion, cranial cruciate ligament injury, or meniscal disease.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study does not reveal structural cause of the acute toe touching and non-weightbearing lameness. Clinical signs may reflect early inflammatory joint disease, synovial irritation, soft tissue pain, or lyme associated polyarthrititis, which may not be ultrasonographically evident at this stage. Lameness of other origin should be considered as well. Clinical correlation and recheck imaging such as ultrasound or MRI are recommended if pain and lameness localized to the left stifle joint persist. Synovial and fluid analysis may be considered as well.



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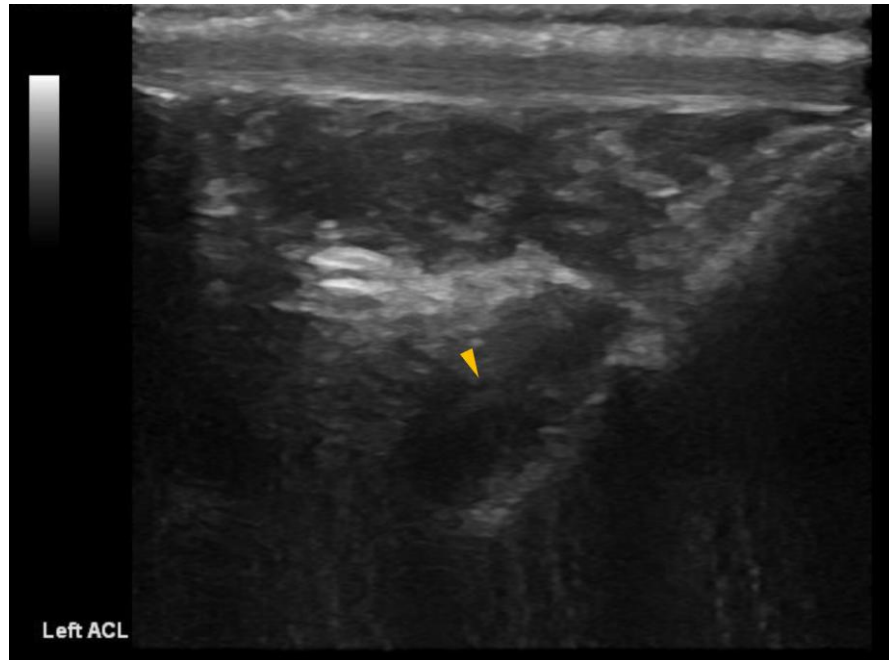
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka), DVM, Dr. med. vet., DipECVDI
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