



PATIENT

Maximus Nourlil

SPECIES

Canine

BREED

Rottweiler

SEX

NM

AGE

1 Year

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

The Pet Hospital of
Stratford

REFERRING VET

Dr. Miller

INVOICE

55277

DATE

11-18-22

PRESENTING CLINICAL SIGNS

Pt has hx of tibial tuberosity avulsion fx, surgically repaired in April 2022. O reports intermittent lameness when seen in late Sept, no known trauma per o. O says it seems to bother him after long walks. Once sedated L HL stifle has increased laxity, possible drawer. no palpable fx, no swelling appreciated, no muscle asymmetry.

RADIOGRAPHIC STUDY OF THE STIFLES

Mediolateral and craniocaudal views of the stifles totaling 5 images available for review.

RADIOGRAPHIC FINDINGS

Patient has a history of tibial tuberosity avulsion with open reduction and internal fixation in April 2022.

Right Stifle

No evidence of articular swelling is seen. The tibial tuberosity fusion is complete. The implants are in situ and intact. Mild distal thickening of the patella tendon is seen. The joint margins are free of osteophytes.

There is no significant muscle atrophy noted in the right or left hind limbs.

Left Stifle

The left stifle presents no evidence of articular swelling. The periarticular margins present even and smooth. The patella tendon is thin. There is no evidence of cranial thrust of the tibia.

Note the presence of moderate canine hip dysplasia with osteoarthritic changes in both coxofemoral joints.

RADIOGRAPHIC DIAGNOSIS

- History of open reduction and internal fixation of a tibial tuberosity avulsion with no evidence of complications.
- Radiographically normal left stifle.
- Coxofemoral joint dysplasia and osteoarthritis – bilaterally.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no radiographic evidence of arthropathy of the left stifle joint. No cranial thrust of the tibia is seen. There is no evidence of articular swelling. Lameness originating from the stifle joint is considered unlikely based on the negative radiographic findings at this point.



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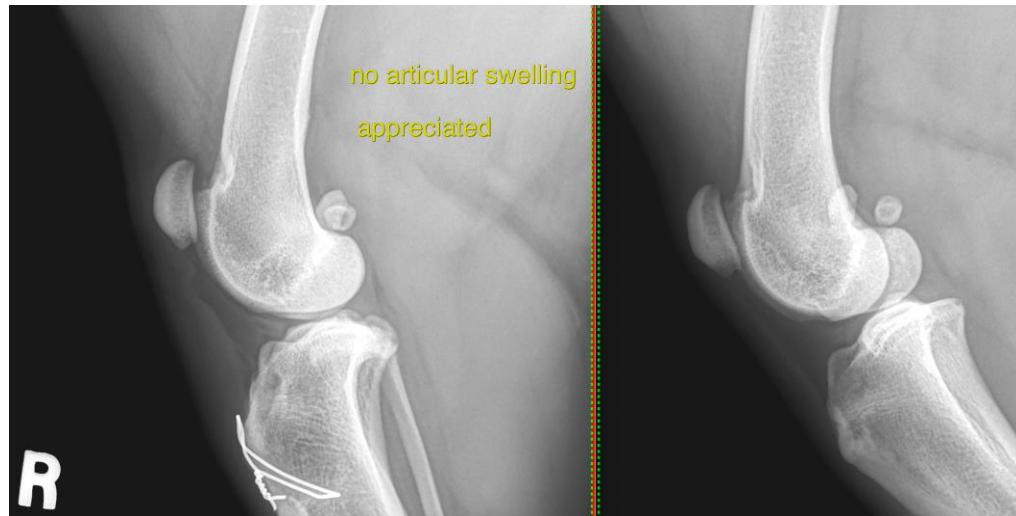
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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