


**PATIENT PRESENTING CLINICAL SIGNS**

**Chopper Glass** Chopper first presented on Sept 22/22 for an intermittent LH lameness that occurs after strenuous exercise. Sometimes he will carry it for a bit before putting it down and walking on it. Main source of exercise is going for long walks, chasing a ball, and going to the off leash parks. At that

**SPECIES** time Chopper was too excited, anxious and tense to do an orthopedic exam. Recommended activity restriction (no off leash activity or ball throwing) and was treated with Meloxadin for a week and advised O that if lameness continued then he should have a sedated exam and radiographs of his L stifle/hip/pelvis. Presented today (Dec. 2/22) for sedated exam and radiographs. O had been doing activity restriction up until 3 weeks ago when he threw the ball for Chopper and he came up lame again. Has been restricting activity since then. O not sure if Meloxadin helped or if it was more the activity restriction.

**Canine**

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

2 Years

**Abnormal PE/Chem/CBC/UA Results:** Pre-surgical bloodwork was performed - 1) CBC - mild monocytosis (inflammation), otherwise unremarkable. 2) Chem 10 - unremarkable. On distant exam Chopper was mildly lame on his LH leg, preferring not to put as much weight on that leg as his RH. Also mild visible lameness when walking. He also lazy sits in exam room (but O says he has always done this). Once sedated an orthopedic exam was performed. No cranial drawer or tibial thrust was elicited on either stifle - both felt stable. It was noted that his R patella seems more 'loose' than his L, however neither of them could be luxated. Ortolani negative on both hips. Normal ROM in all joints on both hind legs.

**RADIOGRAPHIC STUDY OF THE PELVIS & LEFT STIFLE**

Ventrodorsal hip extended and frog leg views of the pelvis and mediolateral view of the left stifle, totaling 3 images available for review.

**INTERPRETED BY**

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

**RADIOGRAPHIC FINDINGS**

Mild articular swelling of the left stifle joint is seen. There is no evidence of cranial thrust of the tibia. Mild apical osseous remodeling of the patella is noted as well as a mild amount of osteophytes in the margins of the femoral trochlea. The remainder of the joint margins are smooth. The patellae are in situ at the time of the radiographic exposure.

**HOSPITAL NAME**

Woodridge VC

The pelvis presents within normal limits. The coxofemoral joints are without evidence of dysplasia. The femoral heads are well covered by the acetabular roof. The joint spaces are congruent and narrow. No periarticular osteophytes are seen. The muscles of the hind limbs appear to be symmetric and adequate.

**REFERRING VET**

Dr. Breanne  
 Couperthwaite

**RADIOGRAPHIC DIAGNOSIS**

- Mild left stifle osteoarthritis
- Normal radiographic presentation of both coxofemoral joints

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**
**INVOICE**

43194

**DATE**

12/2/22

No coxofemoral joint abnormality is detected radiographically. There are no signs of dysplasia or osteoarthritis. The muscles of the hind limbs appear to be adequate in volume and symmetric. The mild osteoarthritis of the left stifle joint is noted. The patella is in situ at the time of the examination, which however does not rule out Grade 1 or 2 patella luxation. The osteoarthritic changes are mild and appear to be limited to the femoral patella joint, which is not pathognomonic, but indicative of potential femoral patella joint disease, including patella luxation.



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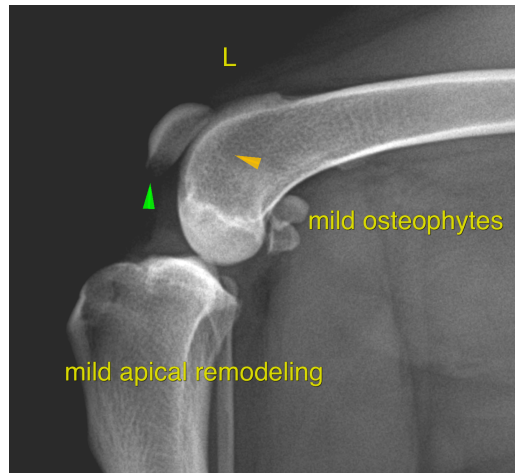
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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