



PATIENT

Halo McCaskill

PRESENTING CLINICAL SIGNS

Lameness LH for the last 3-4 weeks When she gets up from lying down, will limp for a few steps. Warms out of it. Only noticed when she gets up from lying down Normal otherwise, playful and running off No difference when she increased activity or not

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

Left Stifle

BREED

Rottweiler

Moderate effusion, mild synovial swelling, and mild osteophytosis of the left stifle joint are seen in the supra- and infra- patellar recesses.

The cranial cruciate ligament is continuous; however, it appears to be thick and mildly ill-defined. The internal echoarchitecture of the ligament appears to be maintained and as expected. Mild heterogeneity of the infrapatellar fat pad is seen.

SEX

Female Spayed

The medial meniscus is in situ and within normal limits.

Right Stifle

AGE

2 Years

Mild effusion is seen within the suprapatellar recess of the right stifle joint. There is no evidence of synovial or capsular thickening or proliferation.

The cranial cruciate ligament appears to be continuous and well-delineated, no deviation from normal echoarchitecture is noted.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Lateral and medial menisci are within their anticipated positions and align well below the bone surfaces, meniscal surfaces are even and smooth. The echotexture is hypoechoic and uniform. The joint margins are smooth, no osteophytes are seen. The infrapatellar fat pad presents the expected echoarchitecture.

HOSPITAL NAME

Cedarview Animal
Hospital

ULTRASONOGRAPHIC DIAGNOSIS

- Early left stifle osteoarthritis with presumed cranial cruciate ligament edema.
- Minimal effusion within the right stifle.

REFERRING VET

Andrew Holmes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study shows a continuous cranial cruciate ligament within the left stifle. The mild alterations in the echoarchitectural appearance are thought to represent edema. There is overlap in the imaging findings between edema and early partial rupture of the cranial cruciate ligament. However, at this point, no definitive signs for cranial cruciate ligament injury are identified and I would consider and treat this as a case of cranial cruciate ligament edema with mild stifle osteoarthritis at this point, which justifies an attempt of conservative management with narrow clinical and potentially also ultrasonographic monitoring as indicated.

INVOICE

49151

DATE

12-20-21



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2 Years

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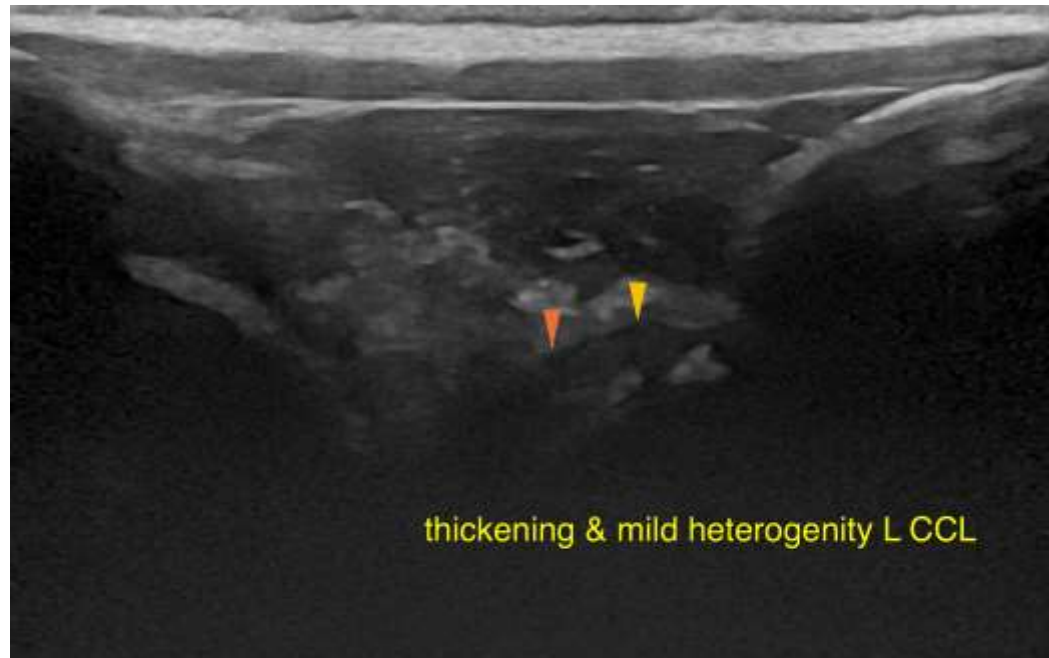
Andrew Holmes

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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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