



**PATIENT**

Cora Lessard

**PRESENTING CLINICAL SIGNS**

Limping left rear leg  
Abnormal PE/Chem/CBC/UA Results: Positive Cranial drawer and CTT left knee. very unstable

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**Left Stifle**

**BREED**

Goldendoodle

A large amount of anechoic effusion is seen in the supra- and infra-patellar recesses of the left stifle joint. There is severe synovial swelling with luminal synovial proliferations. A moderate amount of periarticular osteophytes are seen.

**SEX**

FS

The cruciate ligament presents as a short echogenic stump at the intercondylar eminence of the tibia surrounded by anechoic effusion and hypoechoic tissue.

The lateral meniscus is in situ and within normal limits. There appears to be a defect in the medioproximal and axial contour of the caudal horn of the medial meniscus.

**AGE**

8 Years, 3 Months

Moderate medial collateral ligament thickening is noted.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Severe synovitis and effusion, moderate signs of osteoarthritis, cranial cruciate ligament rupture, and suspect medial meniscal injury.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic study suggests presence of full rupture of the cranial cruciate ligament with concurrent injury of the caudal horn of the medial meniscus. The visible defect is situated in the medioproximal contour of the caudal horn of the medial meniscus ultrasonographically. Note the presence of severe effusion and synovitis as well as osteoarthritis.

**HOSPITAL NAME**

Westview Veterinary  
Hospital

Surgery is recommended to prevent further articular damage.

**REFERRING VET**

Dr Brian Barnes

**INVOICE**

55757

**DATE**

12-21-22



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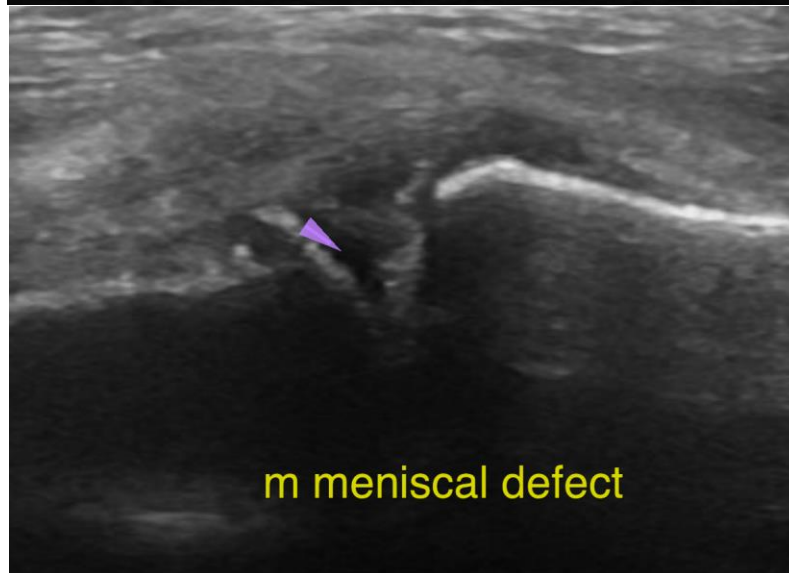
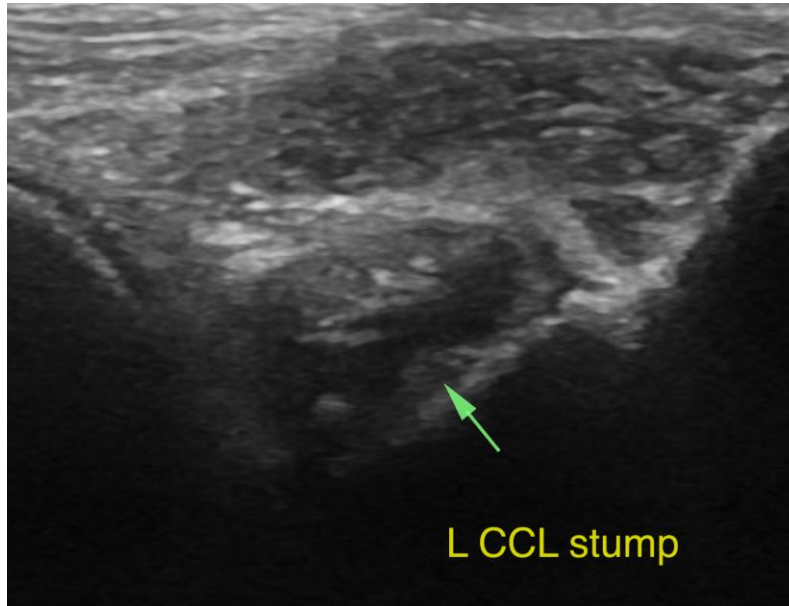
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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