

**PATIENT**

Nismo Krier

**SPECIES**

Canine

**BREED**American  
Staffordshire Terrier**SEX**

MN

**AGE**

5 Years, 2 Months

**INTERPRETED BY**Nele Eley, DVM  
Dr. med. Vet. DipECVDI**HOSPITAL NAME**DPC Veterinary  
Hospital**REFERRING VET**

Dr. Ward

**INVOICE**

56903

**DATE**

2-22-23

**PRESENTING CLINICAL SIGNS**

Reason for Visit: limping on back left leg History: 5 y/o mn staffie presents fro limping on back left leg since Saturday. O says he is getting better every day but not completely able to put weight on it yet, also has not been eating as much as usual. C/S/V/D: none E/D/U/D: loss of appetite, d/u/d normal Diet: Purina digestive FAS Score: Current Medications (dose and frequency): none Heartworm Prevention / Flea Prevention: simparica trio Known Allergies and Medical Conditions: none, previously has a mass cell tumor  
Abnormal PE/Chem/CBC/UA Results: R/O CCL TEAR L HIND LEG

**RADIOGRAPHIC STUDY OF THE RIGHT STIFLE**

Mediolateral and craniocaudal views of the right stiffl totaling 2 images available for review.

**RADIOGRAPHIC FINDINGS**

Reduced volume of the right posterior limb musculature is noted.

There is moderate articular swelling of the right stiffl joint with cranial thrust of the tibia.

A moderate amount of periarticular osteophytes are seen accentuating the femoral trochlea, patella, femoral condyles, and fabellae.

A small cartilage remnant is present in the tibial tuberosity.

**RADIOGRAPHIC DIAGNOSIS**

- Moderate right stiffl osteoarthritis with radiographic evidence of cruciate ligament pathology.
- Mild disuse atrophy of the right hind limb musculature.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals moderate osteoarthritic changes of the right stiffl joint with evidence of cruciate ligament injury such as elongation, partial rupture, or full rupture. Biomechanical failure of the ligament has to be assumed based on the cranial thrust of the tibia and surgical intervention should be considered in order to prevent further damage to the articular structures. Concurrent meniscopthy cannot be ruled out.



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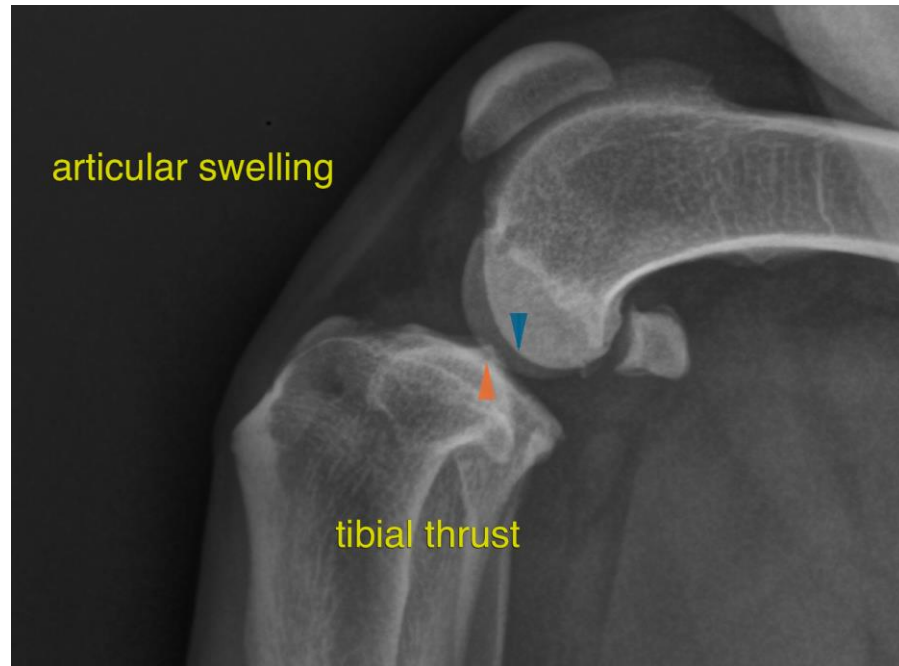
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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