



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie May  
**SPECIES** Canine  
**BREED** Pug Mix  
**SEX** FS  
**AGE** 6 Years

O presented with Gracie for a recheck of her RH today. They initially presented in Sept 2021 for annual exam and mentioned an intermittent lameness and stiffness of the RH. Today they said that since her annual exam, the lameness has been getting a bit more frequent in nature, and a bit worse as well. The lameness originally improved with joint supplementation. The lameness is still most noticeable after high energy activity, like being off-leash at the dog park. She sometimes will be 3-legged lame, but most of the time will still use the leg, but be limping noticeably. Previous lameness exam showed grade 1 luxating RH patella, but no other abnormalities detected. Today on exam of both hind legs - Good ROM all joints, no cranial drawer/tibial thrust, no back or pelvic pain, no pain on palpation of the long bones, other than very mild response on proximal aspect of R tibia near the stifle joint. R patella was lax, but could not be luxated today. Musculature felt symmetrical on both hind legs. No visible lameness at a walk, but was weight shifting slightly off the RH at a stand. Radiographs were performed today: Focus was initially on the stifle/pelvis, but noticed an abnormality on the R tibia. Re-took with full tibia/fibula. There is loss of cortical detail on the medial aspect of the mid-tibia of the RH, and thickening of the overall bone as compared to the left. There is decreased space between fibula and tibia in the distal third. Re-palpated her, and NOT painful in the abnormal region of tibia. No evidence of OA or other abnormalities in her stifles or pelvis. Ddx - Neoplastic lesion (fibrosarcoma, osteosarcoma), bacterial or fungal infection, anatomical defect, previous fracture?

Abnormal PE/Chem/CBC/UA Results: See above. No bloodwork/UA performed today.

**RADIOGRAPHIC STUDY OF THE STIFLES**

Mediolateral view of the right stifle and ventrodorsal hip extended view of the pelvis totaling 2 images available for review.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The muscle volume is adequate and symmetric in both hind limbs.

**HOSPITAL NAME**

Woodridge  
 Veterinary Clinic

The patellae are in situ.

The right stifle joint presents within normal limits. No evidence of articular swelling or osteoarthritic changes is seen.

**REFERRING VET**

McCrea-Spence

A small cartilage remnant is present in the tibial tuberosity which is an incidental finding and there is a small enthesophyte at the distal aspect of the patella tendon and the tibial crest.

Mild shortening, medial curvature, and mid diaphyseal thickening of the right tibia are seen. There is synostosis between the right tibia and fibula in their mid to distal third. Minimal caudal curvature of the right mid tibia is seen on the mediolateral view.

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The trabecular bone pattern of the medullary cavity is continuous. The cortical bone is continuous as well.

No evidence of aggressive osteolytic changes is seen.

**DATE**

2-25-22



**PATIENT**

Gracie May

**RADIOGRAPHIC DIAGNOSIS**

- Chronic mid diaphyseal fracture of the right tibia with tibiofibula synostosis and mild shortening of the right tibia.
- Normal radiographic presentation of the right stifle joint.

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic changes of the right tibia and fibula are compatible with malunion after right tibial fracture. A spiraling fracture of the mid diaphyseal third of the tibia is considered likely based on the radiographic changes. The right tibia is mildly shortened and fused to the fibula which usually does not pose clinical significance even though mildly reduced range of motion cannot be ruled out.

**BREED**

Pug Mix

There was no radiographic evidence of right stifle arthropathy.

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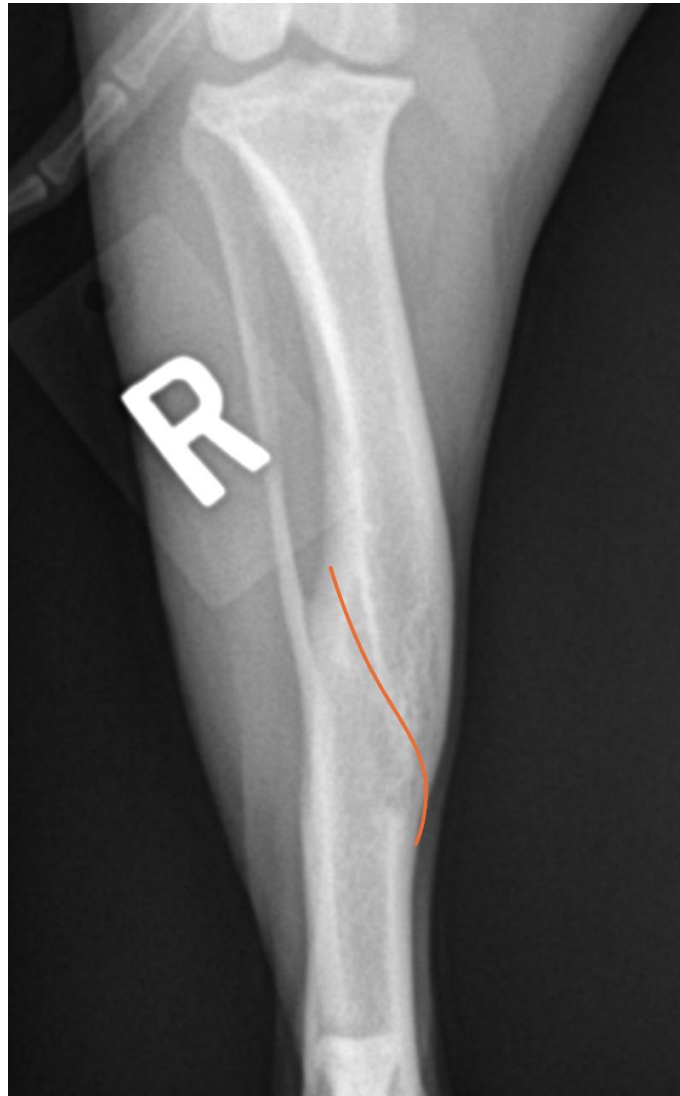
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com