



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Cubby Hodgins

SPECIES
Canine

Previous history of CCI injury right stifle rested and did well Cubby had reinjured her right rear leg again around Jan 2022. . Was out running and Kathy heard her yipe and returned limping. Has previously had issues with this leg and CCI trauma Had been resting and restricting dogs activity and seemed to be improving Then last Saturday night (Feb 12, 2022) became non weight bearing on the right rear leg. Continuing on Metacam SID past two weeks. Added Tramadol 150 TID since Saturday night.

BREED

Lab

Abnormal PE/Chem/CBC/UA Results: Was limping and occasionally holding the right rear leg up. The right stifle was tender and there is a moderately prominent medial buttress sign present. There was a slight cranial drawer in flexion but the toes do roll inwards with the cranial drawer maneuver. There is a slight CTT also

ULTRASONOGRAPHIC FINDINGS

SEX

FS

Right Stifle

A large amount of anechoic effusion is seen within the supra- and infra- patellar recesses of the right stifle joint. There is severe swelling of the synovium with synovial proliferations. Periarticular osteophytes are seen. Heterogeneity of the infrapatellar fat pad is noted. Cartilage surface within the femoral trochlea is smooth.

AGE

7 Years

The cranial cruciate ligament is thick and heterogeneous. Part of the fibers appear to be interrupted and hyperechoic. The cranial cruciate ligament is surrounded by a halo of anechoic effusion.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDF

The lateral and medial menisci present in situ and no deviation of their internal echoarchitecture is noted.

ULTRASONOGRAPHIC DIAGNOSIS

- Moderate to severe osteoarthritis of the right stifle with cranial cruciate ligament pathology.

HOSPITAL NAME

Westview Veterinary
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings support the presence of partial rupture of the right cranial cruciate ligament. At this time, marked active osteoarthritis appears to be present. There is no evidence of concurrent meniscal injury.

REFERRING VET

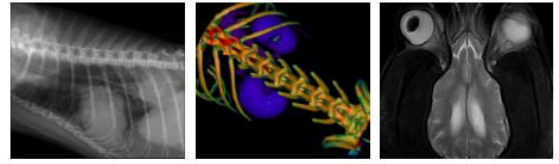
Dr. Brian Barnes

INVOICE

50624

DATE

3-1-22



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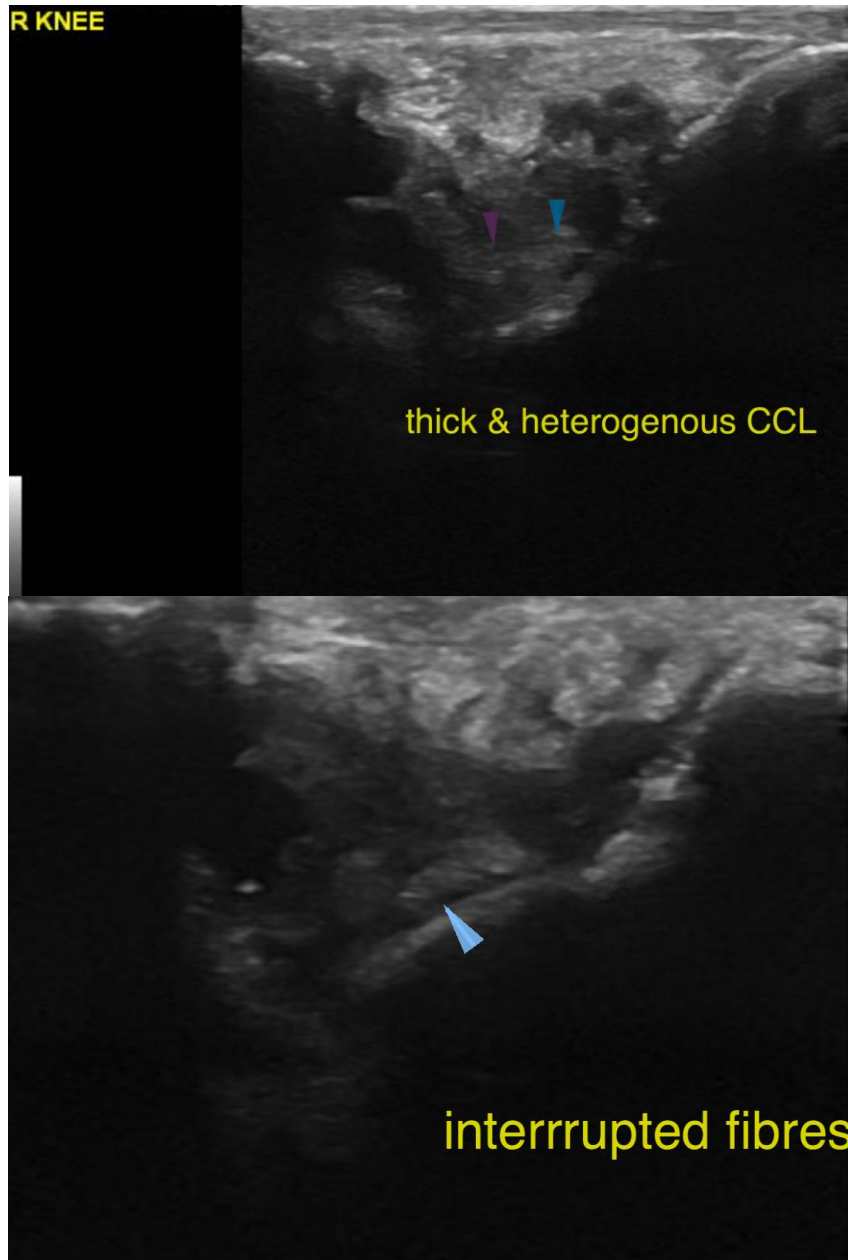
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Canine

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.

BREED

Lab

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