



PATIENT

Stella Love

SPECIES

Canine

BREED

Pug

SEX

FS

AGE

6Y, 2M

WEIGHT

18.8lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDD

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74174

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- Stella presented to emergency service (2/28/26) for acute right hind limb lameness with non-weight bearing and toe touching lameness when standing. Mild pain elicited on thoracolumbar spinal palpation and moderated pain over the pelvic region. She has history of spinal pain on the mid-back. P presented hyporexia. Bloodwork showed a mildly increased ALKP, a mild anemia and leukocytosis characterized by a neutrophilia, monocytosis, lymphocytosis. Orthopedic radiographs showed inflammation and fluid within the right knee. Medication (Methocarbamol, Gabapentin, Carprofen, Trazodone) and exercise restriction were indicated. After therapy the improvement of the patient was limited.
- CT was requested to assess for ACL tear and/or any other pathology causing the right stifle swelling and instability.

Abnormal PE/Chem/CBC/UA Results: PE: T 102.5 F, HR 140, RR 34, MM Pink, CRT <2 seg. H/L: WNL. Lameness right hind limb (right stifle swelling), Skin tag on medial side of right back leg, Brown exudate AU, Dental calculus 4/4. Bloodwork (3/4/26). CBC: RBC 5.24 M/ μ L (5.65 - 8.87), Hematocrit 34.3 % (37.3 - 61.7), Hemoglobin 12.6 g/dL (13.1 - 20.5). CPL (3/2/26): WNL. Urinalysis (3/3/26): Urine Protein 4+, Glucose 1+ (250 mg/dL), Ketones Trace, Blood/Hemoglobin 2+, Bilirubin 2+, RBC 30-50 HPF, Bacteria Rare Rods <9/HPF, Crystals Amorphous urates.

COMPUTED TOMOGRAPHIC STUDY OF THE STIFLES

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Right Stifle

Moderate muscle atrophy is affecting the right pelvic limb consistent with chronic disuse.

The right patella is medially luxated and appears chronically displaced most consistent with a permanent medial patella luxation. Marked remodeling of the femoral trochlear including loss of normal trochlear groove depth and retropatellar osseous remodeling and bone loss medial to the femoral trochlear is compatible with chronic patella maltracking and nearthrosis formation (chronic abnormal patella articular). The joint capsule is markedly distended with severe effusion and synovial thickening indicating active synovitis. Periarticular osteophytes and subchondral bone changes consistent with moderate to severe chronic osteoarthritis are seen.

The right popliteal lymph node is mildly enlarged compatible with reactive change.

Due to the limitations of CT for intraarticular soft tissue structures, the cranial and caudal cruciate ligaments as well as the menisci cannot be definitively assessed.

Left Stifle

The left patella presents mild medial displacement consistent with subluxation. There is mild joint effusion and synovial thickening. Mild periarticular osteophyte formation is present compatible with mild osteoarthritis. No significant osseous remodeling comparable to the right stifle is present.

The left popliteal lymph node presents within normal limits.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

Right Stifle:

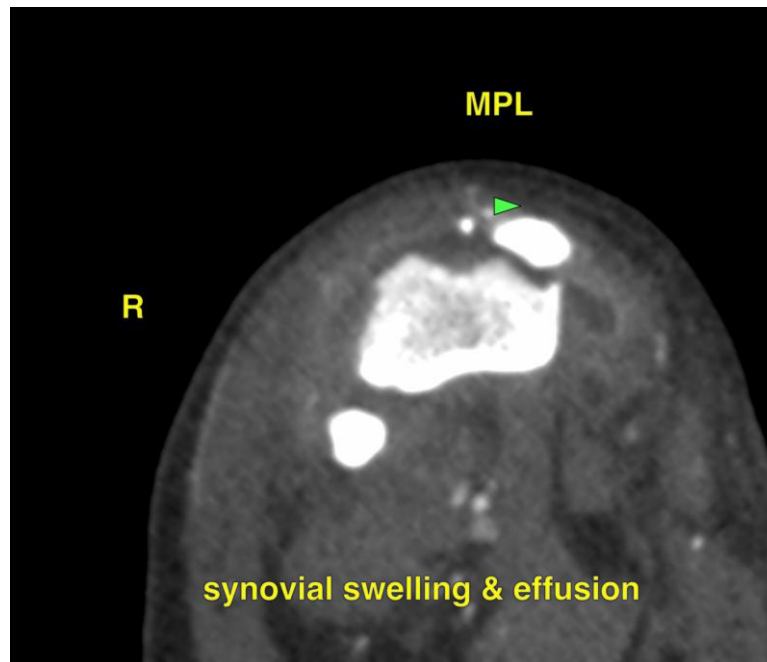
- Chronic medial patella luxation, severe synovitis, and joint effusion.
- Moderate to severe chronic active osteoarthritis.
- Trochlear and retropatellar remodeling with nearthrosis formation.
- Right pelvic limb muscle atrophy.
- Mild reactive right popliteal lymphadenomegaly.

Left Stifle:

- Mild medial patella luxation, mild synovitis, and mild osteoarthritis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings indicate advanced chronic instability of the right stifle secondary to medial patella luxation. Concurrent cruciate ligament injury and meniscus injury cannot be ruled out owing to the soft tissue limitations of CT. The findings indicate that the luxation has likely been present for a prolonged period resulting in chronic maltracking and abnormal biomechanics as well as progressive degenerative joint disease and chronic active osteoarthritis. Secondary injury to the cranial cruciate ligament or menisci is possible particularly given the significant joint instability, chronic inflammation, and acute worsening of clinical signs. Orthopedic surgical consultation is recommended to correct the right patella luxation. Intraoperative evaluation of the cranial cruciate ligament and menisci is recommended if surgical correction is pursued.





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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.

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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

Pug

Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI

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Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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