

**PATIENT**

Maggie Gosset

**PRESENTING CLINICAL SIGNS**

Intermittent RH lameness for 1 year.  
Abnormal PE/Chem/CBC/UA Results: Spasms at L2- 3. Mild medial buttress RH. Pain in right iliospoas. Radiographs show mild periarticular new bone in R stifle and moderate effusion. Drawer negative.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS****Right Stifle**

A moderate amount of anechoic effusion is seen in the supra- and infra-patellar recesses of the right stifle joint. Moderate swelling of the stifle joint synovium and a moderate amount of periarticular osteophytes are noted as well. There is moderate heterogeneity of the infrapatellar fat pad. The cranial cruciate ligament presents continuous, however, ill-defined, thickened, multifocally, and heterogeneous internal echoarchitecture. The lateral and medial menisci are in situ, smoothly delineated, and presents uniform internal echoarchitecture.

**BREED**

Australian Shepherd

**SEX**

FS

**Left Stifle**

Mild effusion, mild synovial swelling, and mild osteophytosis are noted. The left cranial cruciate ligament is surrounded by a halo of anechoic effusion. However, much better delineated when compared with the right stifle and the internal echoarchitecture is uniform. The lateral and medial meniscus of the left stifle joint present within normal limits.

**AGE**

5 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**ULTRASONOGRAPHIC DIAGNOSIS**

- Moderate osteoarthritis of the right stifle joint with effusion, synovialitis, and osteophytosis.
- Suspect partial rupture of the right cranial cruciate ligament – no evidence of meniscopthy in the right stifle joint.
- Mild osteoarthritis of the left stifle joint with no evidence of cruciate ligament injury or meniscopthy.

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings strongly suggest the presence of partial rupture of the cranial cruciate ligament in the right stifle joint. Moderate concurrent osteoarthritis with synovialitis, effusion, and osteophytosis is noted. At this time, there is no evidence of concurrent meniscopthy.

**REFERRING VET**

Nigel Gumley

**INVOICE**

57068

**DATE**

3-2-23



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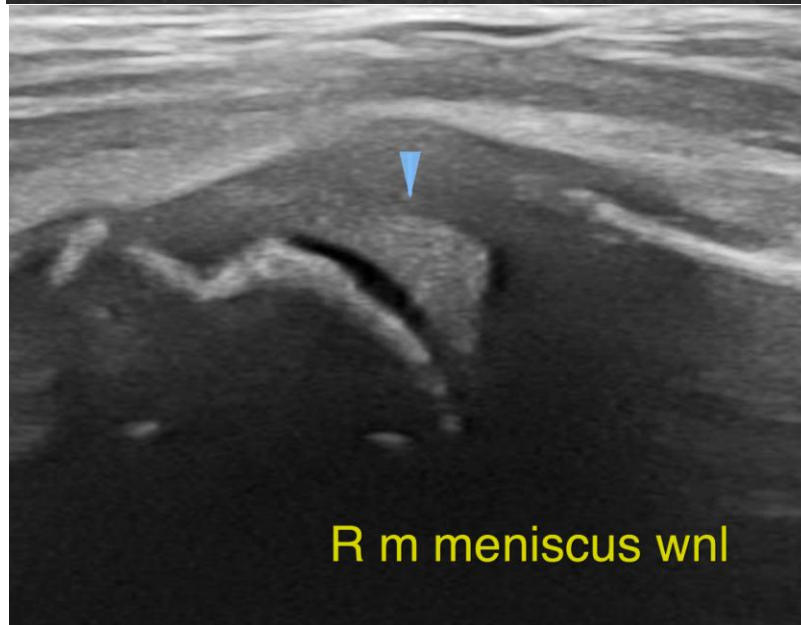
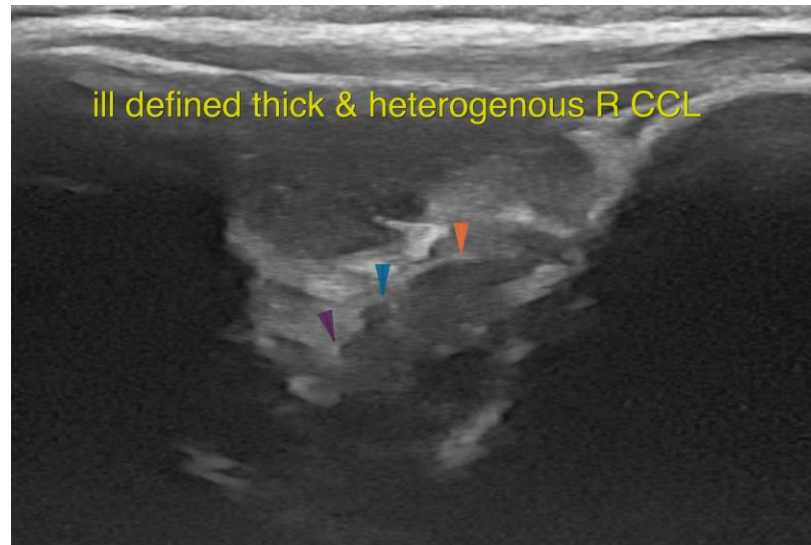
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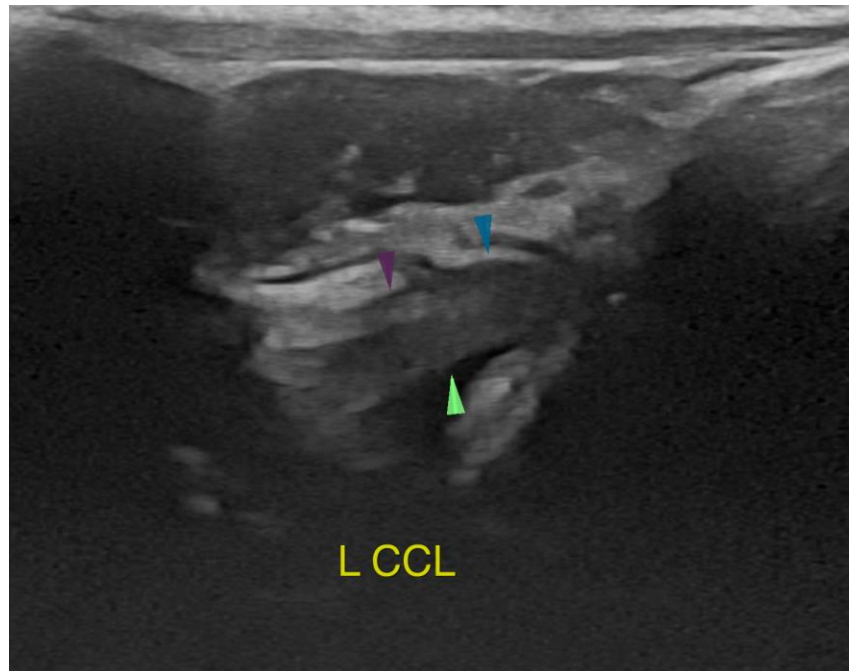
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**HOSPITAL NAME**

Cedarview Animal  
Hospital

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

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