

**PATIENT**

Tiger Torres

**PRESENTING CLINICAL SIGNS**

Acute onset of non weight bearing on LR - paresis in rear legs. Pt got sedated xrays and during sedated ortho exam- LR is positive cranial drawer and tibial thrust., RR WNL R/O ACL, lumbosacral disease vs other

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE STIFLES**

Mediolateral views of both stifles and ventrodorsal hip extended view of the pelvis with craniocaudal projection of the stifles totaling 3 images available for review.

**BREED**

French Bulldog

**RADIOGRAPHIC FINDINGS**

Mild intramuscular emphysema is seen in the left thigh and considered iatrogenic.

**SEX**

NM

The muscle volume of both hind limbs appears symmetric.

The left stifle presents moderate articular swelling. Proximal displacement of the popliteal sesamoid bone is seen.

**AGE**

8 Years

The medial fabellae are small and in a distal position in both stifles which is typical in small chondrodystrophic dogs.

No overt cranial thrust of the tibia is noted in either of the stifle joints.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The right stifle joint presents within normal limits.

A small cartilage island is present in the tibial tuberosity bilaterally.

**RADIOGRAPHIC DIAGNOSIS****HOSPITAL NAME**

Rockaway Animal  
Hospital

- Left stifle arthropathy with articular swelling and radiographic potential for cranial cruciate ligament injury.
- Radiographically normal right stifle.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****REFERRING VET**

Dr. Ascot

The displacement of the popliteal sesamoid bone is an indirect radiographic sign of cranial cruciate ligament failure which appears to be the most likely underlying cause of the left stifle arthropathy. However, no overt cranial thrust of the tibia is noted radiographically and correlation with the clinical palpation is required. Other causes of arthropathy such as meniscopathy, trauma, degenerative joint disease, and immune mediated pathology cannot be ruled out entirely. With the clinical history of hind limb paresis, presence of neurologic disease should be ruled out.

**INVOICE**

51082

**DATE**

3-22-22



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**HOSPITAL NAME**

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**REFERRING VET**

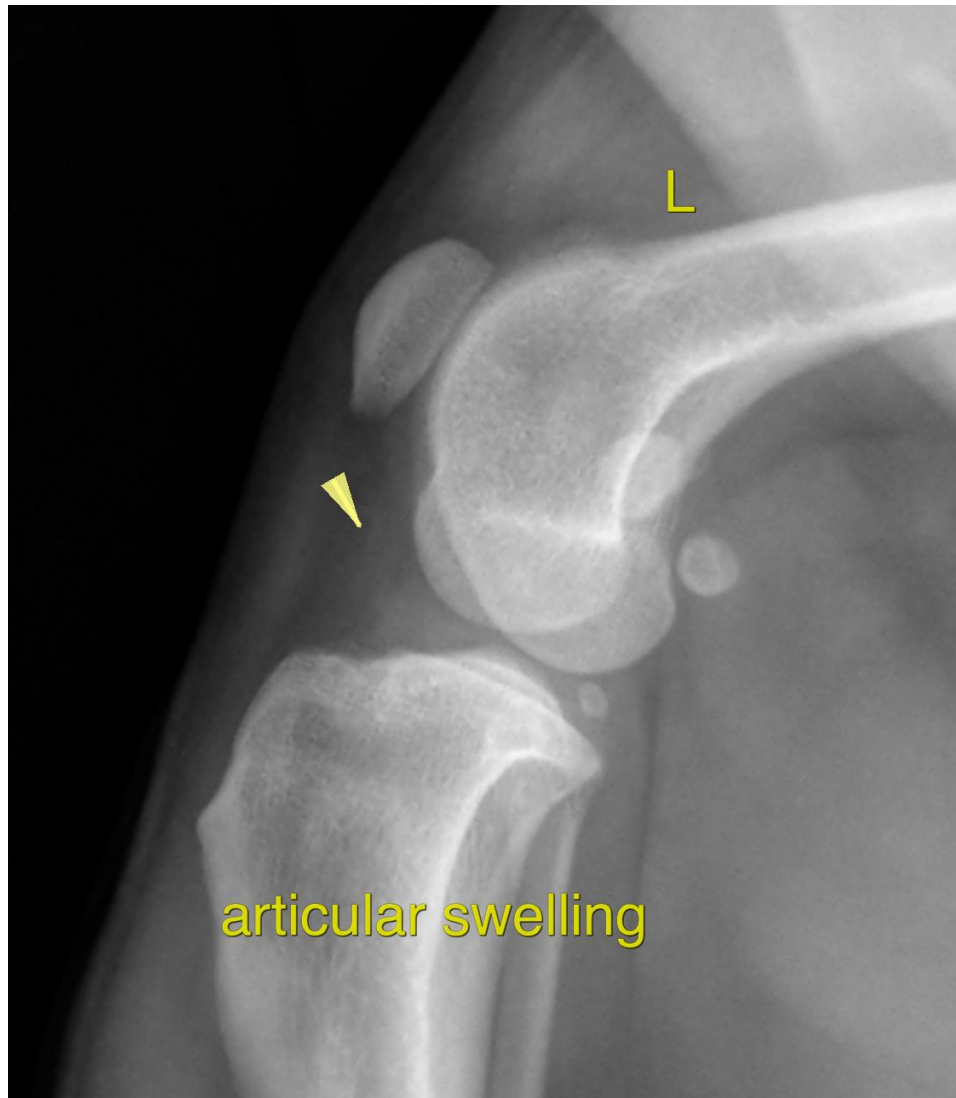
Dr. Ascot

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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.

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