



**PATIENT**

Leo McLendon

**PRESENTING CLINICAL SIGNS**

Acute lameness since 11/2021; Right Stifle painful at that time and tentative Dx of ACL Made. NSAID and Gabapentin did not help. TODAY: Anesthetized for TTA-2 Sx today; NO Drawer evident, does have medial buttress. Radiographs show obvious effusion  
Abnormal PE/Chem/CBC/UA Results: Pre-Op Blood WNL

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**Right Stifle**

**BREED**

Lab

Severe synovial swelling, a large amount of periarticular osteophytes, and a large amount of anechoic effusion is seen within the supra- and infra- patellar recesses of the right stifle joint.

**SEX**

Male Neutered

The cranial cruciate ligament appears to be discontinuous with an echogenic fiber stump seen at the intercondylar eminence of the tibia. Signal in the image depth is limited and presence of a continuous portion of the ligament cannot be ruled out. However, there is periligamentous effusion as well as a hypoechoic halo superficial to the ligament. The infrapatellar fat pad presents moderate heterogeneity.

**AGE**

6 Years

The lateral meniscus is in situ but presents mild internal echoarchitectural remodeling. The medial meniscus is partially seen. Surface irregularity with potential mild prolapse are noted.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Moderate to severe chronic right stifle osteoarthritis with cranial cruciate ligament pathology and suspect medial meniscal damage.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings support the presence of cranial cruciate ligament rupture. Both partial and complete rupture are potentials, however, biomechanical failure of the ligament has to be assumed and surgical intervention would be recommended.

**HOSPITAL NAME**

Franklin Animal Clinic  
Inc.

Presence of medial meniscal injury cannot be ruled out; however, the changes may also represent degeneration and superficial wear versus a macroscopic tear or caudal horn loosening.

**REFERRING VET**

Sam Doverspike

**INVOICE**

51278

**DATE**

3-31-22



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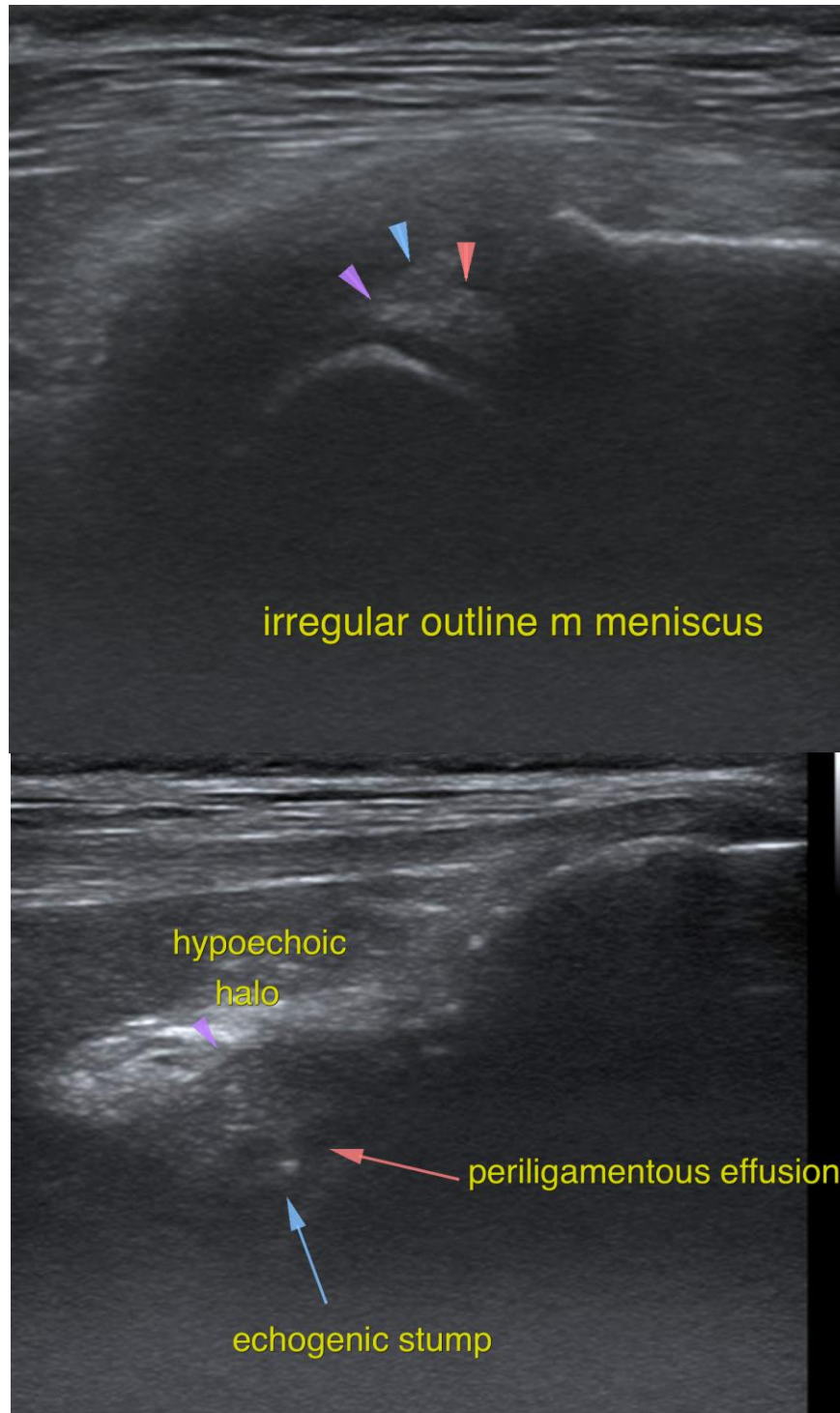
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**SPECIES**

Canine

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