



PATIENT

Maxx Volmer

PRESENTING CLINICAL SIGNS

Limping ~2 weeks Negative draw

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE LEFT STIFLE & PELVIS

Mediolateral view of the left stifle and ventrodorsal hip extended view of the pelvis totaling 2 images available for review.

BREED

Chow Chow Mix

RADIOGRAPHIC FINDINGS

Left Stifle

Moderate articular swelling of the left stifle joint appears to be present. There is mild periarticular bone remodeling. A point-like mineral opaque structure is superimposed onto the cranial aspect of the femoral tibial joint. No cranial thrust of the tibia is seen.

SEX

Male Neutered

The left hind limb musculature appears to be mildly reduced in volume.

Mild periarticular bone remodeling appears to be present in the right joint as well.

AGE

4 Years

Pelvis

Both coxofemoral joints present within normal limits. No evidence of dysplasia or osteoarthritis is seen. There is no evidence of aggressive bone lesions or traumatic osseous injury.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- Mild left stifle osteoarthritis.
- Mild disuse atrophy of the left hind limb musculature.

HOSPITAL NAME

New Bridge
Veterinary Practice

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study suggests early osteoarthritic changes of the left stifle. Differential diagnosis includes cranial cruciate ligament injury such as partial rupture. With the history of negative cranial drawer sign, meniscopathy, primary degenerative joint disease, and other arthritis including immune mediated cannot be ruled out entirely. An MRI would be an option to further determine the presence of cranial cruciate ligament injury and meniscopathy. Aspiration and analysis of synovia could be considered to rule out immune mediated or other arthritis.

REFERRING VET

Dr. Abina Glennon

INVOICE

50797

DATE

3-8-22



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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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Canine

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
Nele.Eley@sonopath.com

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