



PATIENT

Ruby Ali

SPECIES

Canine

BREED

German Shepherd
Dog/MIX (Mixed)

SEX

Spayed Female

AGE

5 Years, 1 Month

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Ahwatukee Commons
Veterinary Hospital

REFERRING VET

Becky R. Housley,
D.V.M

INVOICE

58851

DATE

6-14-23

PRESENTING CLINICAL SIGNS

Ruby is a female spayed, 5 year, old, German Shepherd Mix. She has a history of Valley Fever since 6/2022 with intermittent use of Fluconazole & vitamin C. Pt presented 5/15/23 for lameness in the R hindlimb. VF titer had been checked 1 year prior and pt was only on Fluconazole for 3 months and then was discontinued. Titer 1:4 at that time, everything else on CBC/chem. – wnl’s. Pt came back 6/5/2023 because R hindlimb lameness was more severe> Pt at this point was not wanting to toe touch/ ambulating with knee elevated/ three legged and with L hindlimb tarsal swelling. L hindlimb tarsal swollen, warm to touch. Pt was also febrile. T= 104.9 F. Full bloodwork repeated. VF titer- negative. Pt continues to be febrile despite broad spectrum antibiotics (Baytril, Amoxicillin). Please give suggestions for next steps recommendations. Thanks Dr. Housley, dvm

RADIOGRAPHIC STUDY OF THE STIFLES & TARSI

Additional views of the pelvis and carpi are included but not part of the interpretation.

RADIOGRAPHIC FINDINGS

Stifles

Severe articular swelling of the right stifle joint is seen. There is moderate cranial thrust of the tibia with respect to the femoral condyles indicating cranial cruciate ligament failure.

A severe amount of periarticular new bone formation is seen.

The muscle volume of the right hind limb is severely reduced.

Moderate enlargement of the right popliteal lymph node is seen.

The left stifle presents moderate articular swelling. Early periarticular new bone formation is seen. There is no evidence of cranial thrust of the tibia.

Granulated mineralization of the proximolateral gastrocnemius muscle is seen with new bone formation at the lateral fabella.

The left popliteal lymph node presents moderate enlargement.

Tarsi

Mild articular swelling of the right tarsocrural joint is seen.

There is no evidence of subchondral bone changes. The tarsal bones are in situ.

The left tarsocrural joint presents mild articular swelling as well with no evidence of concurrent articular or osseous lesions.

RADIOGRAPHIC DIAGNOSIS

- Bilateral nonerosive stifle arthropathy with severe osteoarthritic changes and radiographic evidence of cranial cruciate ligament failure in the right stifle.



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- Chronic lateral gastrocnemius musculotendinopathy in the left hind limb.
- Moderate bilateral popliteal lymphadenomegaly.
- Severe disuse atrophy of the right rear limb musculature.
- Mild bilateral articular swelling of the tarsocrural joints.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals cranial cruciate ligament failure in the right stifle joint. Severe chronic osteoarthritic changes and disuse atrophy of the right rear limb musculature are seen as well. However, owing to the multiple joint involvement, polyarthropathy including immune mediated and infectious arthritis should be considered a potential and further definition by means of aspiration and analysis of synovia of the stifle and tarsocrural joints is recommended.

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The degree of popliteal lymphadenomegaly appears remarkable comparing with other patients with “uncomplicated cruciate ligament injury” and osteoarthritis and FNA of the bilateral popliteal lymph nodes is recommended for further definition. Reactive or infectious lymphadenitis is a primary differential diagnosis in this case. A neoplastic infiltrate cannot be ruled out entirely but appears less likely.

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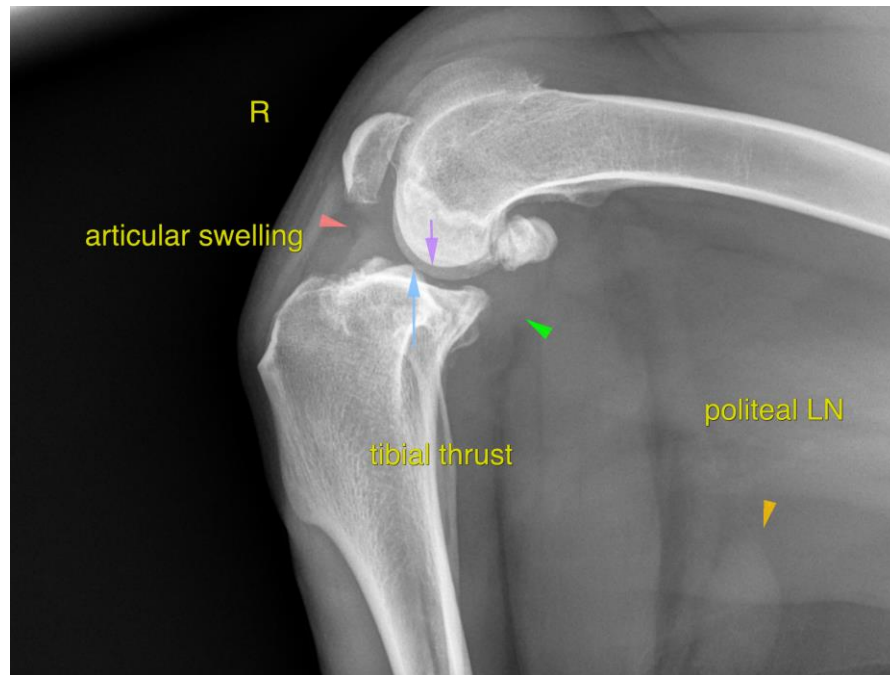
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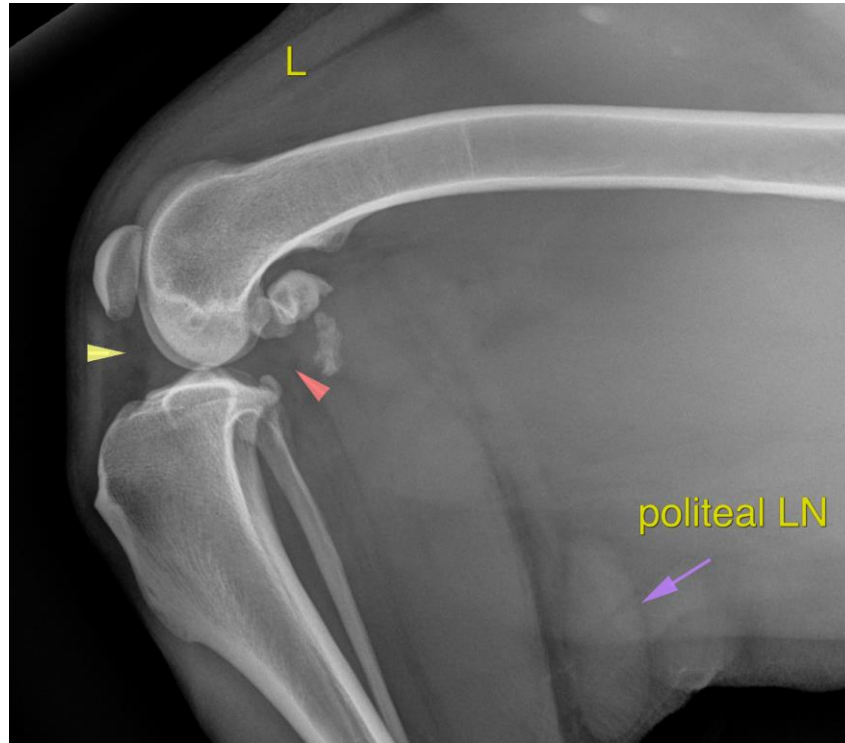
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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