



PATIENT

Myra Sparks

PRESENTING CLINICAL SIGNS

Seen previously for LH lameness; ultrasound revealed synovialitis and effusion in L stifle and edema of L ACL (see report #58234). Treated with PRP on 6 June 2023. Has been clinically doing well except mild lameness initially on getting up but warms out if it.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Mild external rotation of the LH leg. Very mild buttress on L stifle compared to the RH but no obvious L stifle effusion.

BREED

Australian cattle dog

ULTRASONOGRAPHIC STUDY OF THE LEFT STIFLE

Compared to prior report dated 5-10-23.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

The patient has a history of mild synovialitis and effusion with presumed cranial cruciate ligament edema.

AGE

2 Years

Mild anechoic effusion is seen persistently in the supra- and infra-patellar recesses of the left stifle joint with mild swelling of the synovium. A halo of anechoic effusion is seen circumferential to the cranial cruciate ligament. Generalized thickening of the left cranial cruciate ligament is noted with internal heterogeneity represented by millimetric hyperechoic nonshadowing foci. The ligament continues to be well delineated and continuous. The lateral and medial meniscus present within normal limits. No evidence of osteophytes is seen. Visible cartilage surfaces present intact.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

ULTRASONOGRAPHIC DIAGNOSIS

- Persistent mild effusion and synovialitis of the left stifle joint.
- Persistent edema of the left cranial cruciate ligament.

HOSPITAL NAME

Cedarview Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic study supports persistence of the edema of the left cranial cruciate ligament. The internal echoarchitectural changes are minimal and of uncertain significance. Resolution of the ultrasonographic changes however is not observed and stationary to slowly progressive ultrasonographic changes are seen, which unfortunately raises the suspicion of progression to early fiber disintegration within the cruciate ligament. However, since the clinical signs appear to have resolved largely, further clinical monitoring and ultrasonographic recheck appear to be justifiable.

REFERRING VET

Nigel Gumley

INVOICE

59315

DATE

7-12-23



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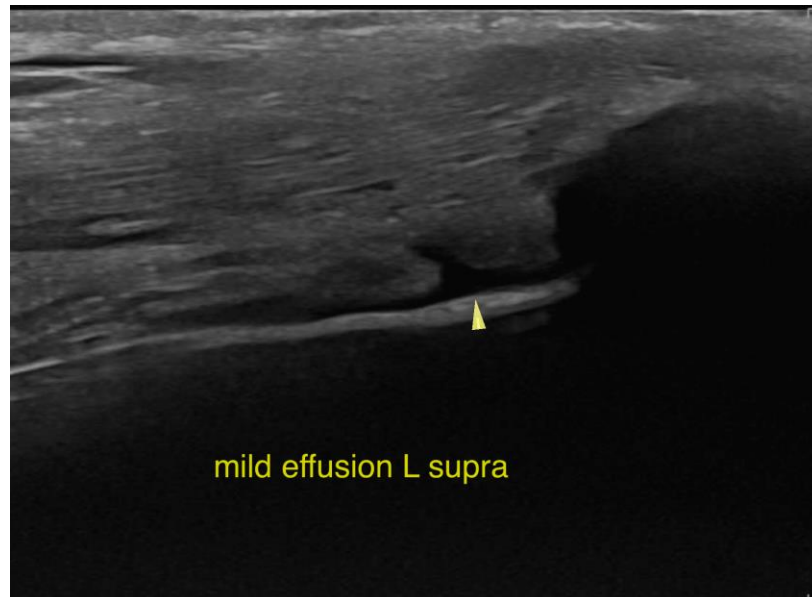
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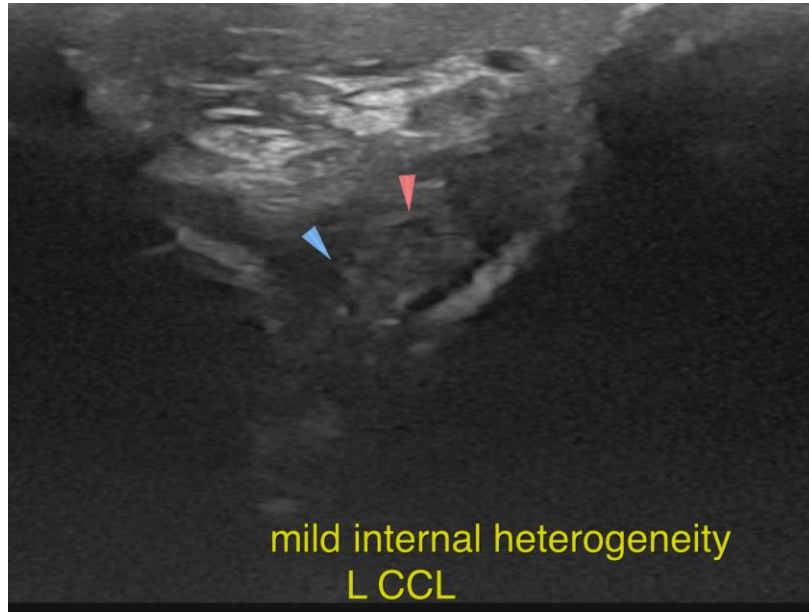
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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info@sonopath.com

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