**PATIENT**

Mya Young

**PRESENTING CLINICAL SIGNS**

Sore and favoring the right stifle after even short walks  
Abnormal PE/Chem/CBC/UA Results: Cranial drawer and CTT right stifle Xrays 1. Bilateral stifle effusion and arthritis, worse on the right, likely compatible with an intra-articular injury such as a partial/complete cruciate rupture and/or meniscal damage. 2. Bilateral moderate coxofemoral arthritis. While this could be contributing to clinical signs, it is unlikely that this finding is the primary cause of the clinical signs.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS****BREED**

Large X

**Right Stifle**

A moderate amount of anechoic effusion is seen in the supra- and infra- patellar recesses of the right stifle joint. Moderate swelling of the joint synovium is seen. There is moderate amount of periarticular osteophytes.

**SEX**

FS

Echogenic disrupted fibers are seen at the distal insertion of the cranial cruciate ligament. Part of the ligament, however, appears to be continuous with ill-defined margins and increased echogenicity.

**AGE**

6 Years

The medial meniscus appears to be in situ. No meniscal tear is seen.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Moderate right stifle osteoarthritis with cranial cruciate ligament pathology.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic changes support the presence of partial rupture of the cranial cruciate ligament in the right stifle along with moderate osteoarthritic changes. The biomechanical stability is presumed to be degraded and surgical intervention should be considered in order to restore the biomechanical stability and prevent further damage to the articular structures such as the menisci.

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

52964

**DATE**

7-19-22



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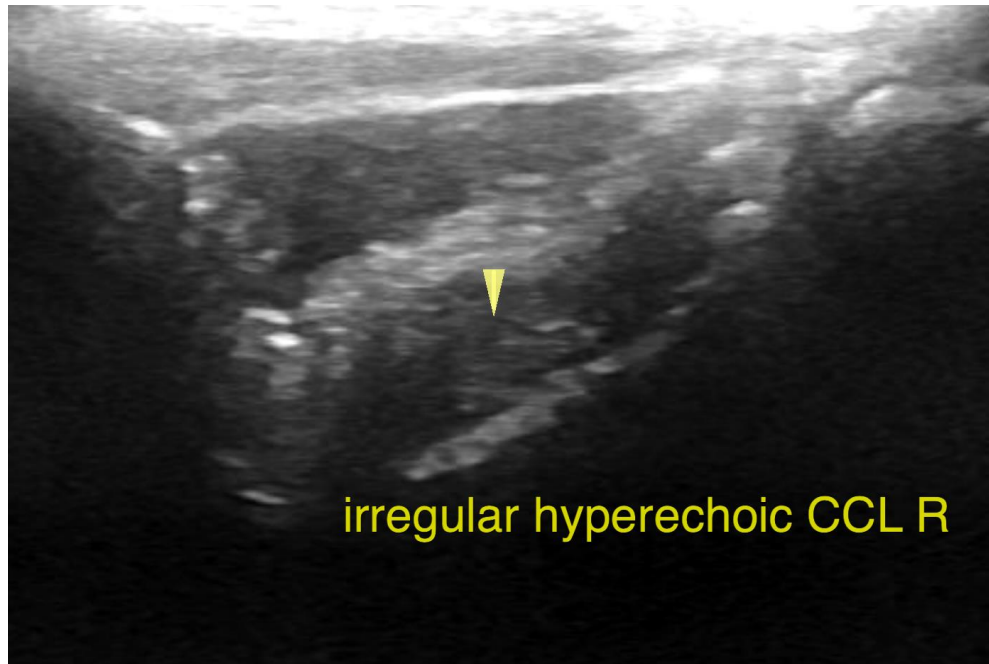
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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