



PATIENT

Boston Solarsano

PRESENTING CLINICAL SIGNS

Started limping while playing on the RH leg No cranial drawer sign, no effusions or joint swelling, no medial buttressing. Toe touching of RH leg
Abnormal PE/Chem/CBC/UA Results: mild ALT elevation

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE STIFLES

Mediolateral views of both stifles and ventrodorsal hip extended view of the pelvis with craniocaudal view of the stifle joints totaling 3 images available for review.

BREED

Mixed

RADIOGRAPHIC FINDINGS

Right Stifle

Moderate articular swelling of the right stifle joint is seen. There is moderate cranial thrust of the tibia with respect to the femoral condyles. A mild amount of periarticular osteophytes is present accentuating the femoral trochlea, patella, and fabellae.

SEX

MN

Left Stifle

The left stifle joint presents moderate articular swelling. No overt cranial thrust of the tibia is seen. Minimal osseous remodeling of the femoral trochlea and distal pole of the patella are present.

AGE

7 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

No evidence of subchondral bone defects is seen in either of the stifle joints.

There is mild atrophy of the right hind limb musculature when compared with the left side.

RADIOGRAPHIC DIAGNOSIS

- Mild to moderate osteoarthritis of the right stifle with radiographic evidence of cranial cruciate ligament failure.
- Mild osteoarthritis of the left stifle joint.
- Disuse atrophy of the right hind limb musculature.

HOSPITAL NAME

Balmy Beach Pet Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings support the presence of bilateral stifle arthropathy. The findings furthermore indicate presence of cranial cruciate ligament failure in the right stifle.

REFERRING VET

Dr. Singh

Chronic disuse of the right hind limb appears to be present as expressed in loss of muscle volume in the right hind limb.

INVOICE

52675

Bilateral cranial cruciate ligament pathology may be present. Other arthropathies including immune mediated appears less likely in light of the radiographic findings. However, clinical correlation is required.

DATE

7-4-22



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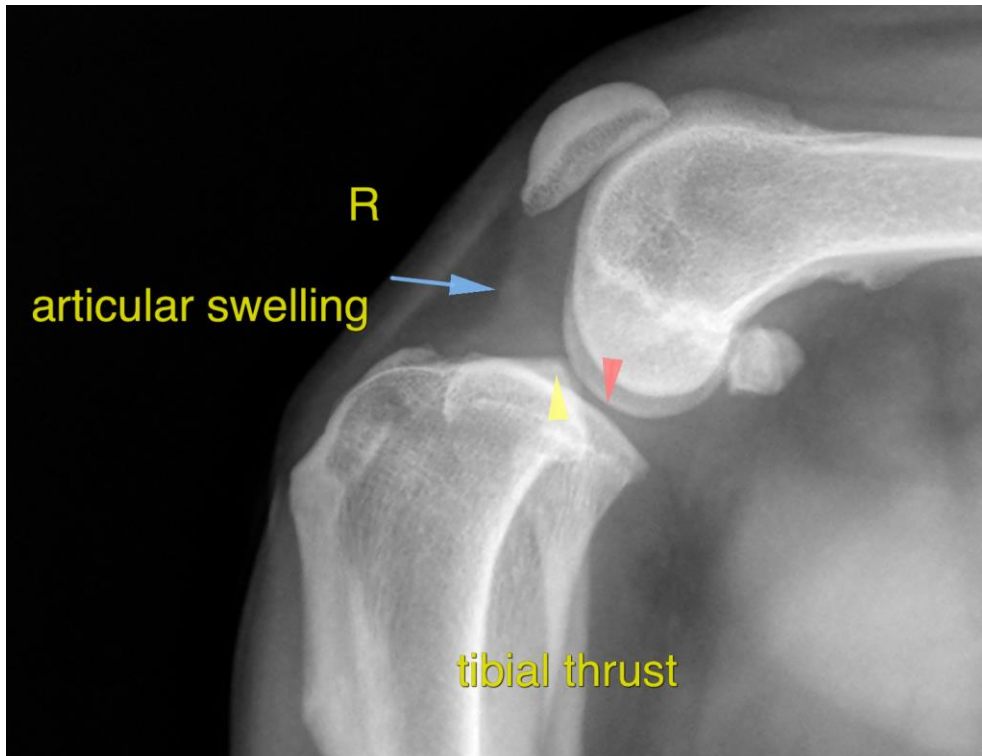
Dr. Singh

INVOICE

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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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