

**PATIENT**

Trudy Myren

**PRESENTING CLINICAL SIGNS**

Mild on and off limp till right stifle till about June of this year. Then injury chasing a ball, stepped in a hole and very lame after that.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Positive Cranial drawer, CTT, Medial buttress, Increased joint capsule thickness and joint fluid volume, Osteophytes, Almost a full tear of The CCL. Meniscus look normal at time of TTA.

**ULTRASONOGRAPHIC FINDINGS****BREED**

Lab

**Right Stifle**

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

**SEX**

FS

The cranial cruciate ligament presents as thick ill-defined stump of echogenic fibers at the intercondylar eminence of the tibia. A thin hypoechoic band of continuous fibers appears to be present in the far field.

**AGE**

4 Years, 1 Month

The lateral and medial meniscus are in situ, well delineated, and of uniform internal echoarchitecture.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Cranial cruciate ligament pathology and moderate osteoarthritis of the right stifle.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings are compatible with full rupture of the cranial cruciate ligament. A thin band of hypoechoic fibers may be maintained; however, full biomechanical failure is likely based on the ultrasonographic findings. No evidence of concurrent meniscopathy is seen. Surgical intervention has been performed already in order to address the biomechanical instability and prevent further damage to the articular structures such as the menisci.

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr Brian Barnes

**INVOICE**

53403

**DATE**

8-10-22



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**SPECIES**

Canine

**BREED**

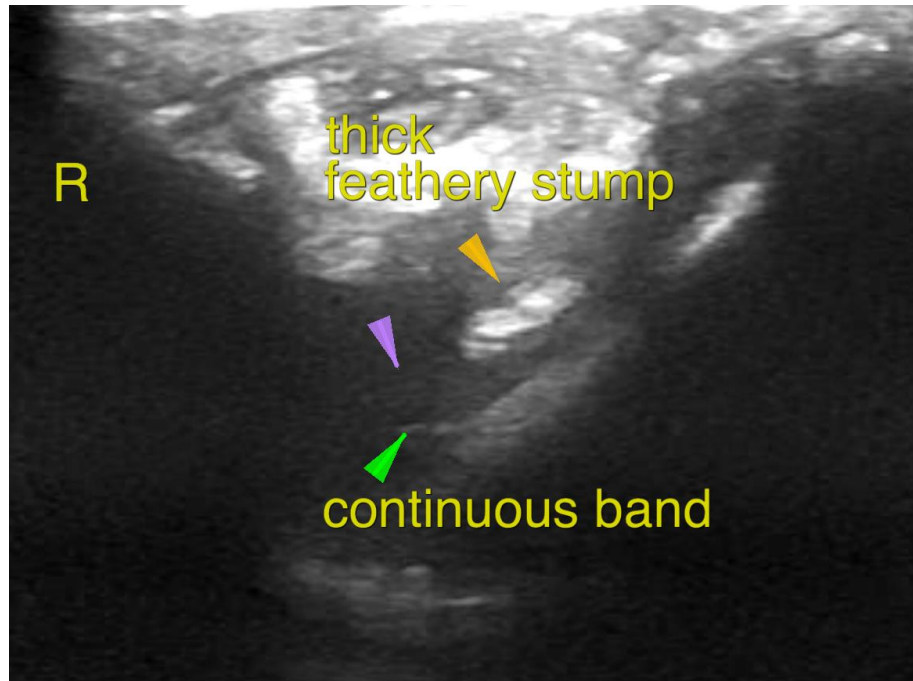
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com