

**PATIENT**

Titus Weaver

PRESENTING CLINICAL SIGNS

For about a month, Titus has been limping on his R hind. It has continued to get worse since first noticing it.

Abnormal PE/Chem/CBC/UA Results: Possible medial buttress R hind

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE RIGHT STIFLE

Mediolateral and craniocaudal views of the right stifle and ventrodorsal hip extended view of the pelvis totaling 3 images available for review.

BREED

Old English Bulldog

RADIOGRAPHIC FINDINGS

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

SEX

Neutered Male

There is mild cranial thrust of the tibia with respect to the femoral condyles. Moderate articular swelling of the right stifle joint is seen and there is a moderate amount of periarticular osteophytes accentuating the femoral trochlear and distal pole of the patellar.

The left stifle is seen in the craniocaudal view and presents within normal limits.

AGE

4 Years, 3 Months

RADIOGRAPHIC DIAGNOSIS

- Moderate right stifle osteoarthritis with radiographic evidence of cranial cruciate ligament injury.
- Disuse atrophy of the right hind limb musculature.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings suggest presence of cranial cruciate ligament injury in the right stifle joint with moderate osteoarthritic changes. Concurrent meniscopathy cannot be ruled out. Surgical intervention could be considered in order to address the presumed biomechanical instability of the right stifle joint and prevent further damage to the articular structures should the radiographic findings parallel the clinical findings in this patient.

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

47079

DATE

8-21-21



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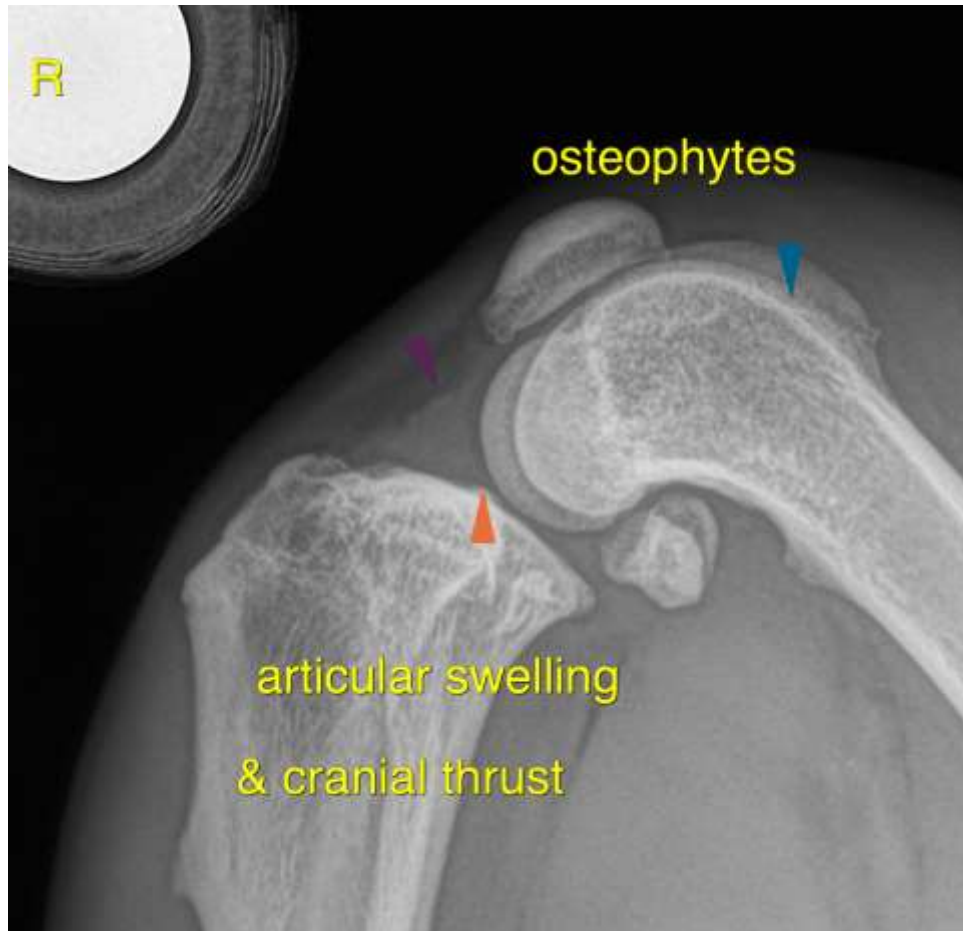
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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