

**PATIENT**

Breigh Jackson

PRESENTING CLINICAL SIGNS

Restriction to full extension of the left stifle. M
Abnormal PE/Chem/CBC/UA Results: Conclusion 1. Bilateral moderate stifle effusion and moderate arthritis with a chronic cranial cruciate ligament rupture left side 2. Unremarkable pelvis and thorax Restriction to full extension of the left stifle. Medial buttress, Thickened joint capsule, increased joint fluid, Full rupture CCL, Meniscal folding, Moderate osteophytes

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS**BREED**

Ret/Lab X

Left Stifle

Moderate periarticular osteophytosis is seen in the left stifle joint. There is moderate anechoic effusion within the supra- and infra- patellar recesses and capsular thickening.

SEX

FS

The cranial cruciate ligament presents as a broad and relatively smooth echogenic stump at the intercondylar eminence of the tibia surrounded by a thin hypoechoic halo.

AGE

7 Years, 3 Months

The caudal horn of the medial meniscus is not directly seen. Heterogeneity of the mid and cranial portion of the medial meniscus appear to be present. The lateral meniscus presents within normal limits.

ULTRASONOGRAPHIC DIAGNOSIS

- Moderate chronic left stifle osteoarthritis with complete rupture of the cranial cruciate ligament.
- Suspect medial meniscopathy: degenerative versus tear.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The ultrasonographic findings confirm the presence of complete rupture of the left cranial cruciate ligament. Moderate concurrent osteoarthritic changes are seen and the findings do suggest potential for concurrent medial meniscal injury.

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr Brian Barnes

INVOICE

53714

DATE

8-24-22



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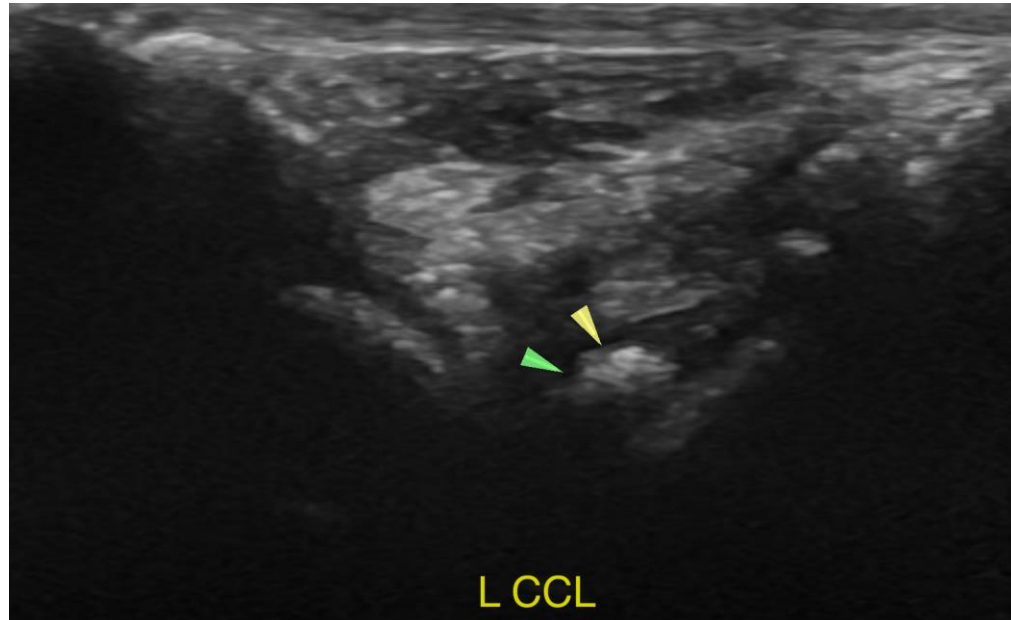
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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