



**PATIENT**

Cooper Bleaney

**SPECIES**

Canine

**BREED**

Springer Spaniel

**SEX**

MN

**AGE**

6 Years, 11 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Westview Veterinary  
Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

54109

**DATE**

9-19-22

**PRESENTING CLINICAL SIGNS**

History of limping after longer walks, about 3 weeks ago tweaked the left knee and limping more  
Abnormal PE/Chem/CBC/UA Results: Partial tear to the CCL, Positive cranial drawer in flexion only, A more acute injury. Pre TTA U/S scan.

**ULTRASONOGRAPHIC FINDINGS**

**Left Stifle**

The supra- and infra- patellar recesses of the left stifle joint contain a moderate amount of anechoic fluid. Moderate swelling of the synovium and a moderate amount of periarticular osteophytes are seen.

The cranial cruciate ligament presents continuous; however, thick, ill-defined, and with patchy internal echoarchitecture. A hypochoic halo is seen circumferential to the cruciate ligament.

The lateral and medial meniscus present in situ, smoothly delineated, and with uniform internal echoarchitecture.

**ULTRASONOGRAPHIC DIAGNOSIS**

- Mild to moderate left stifle osteoarthritis with cranial cruciate ligament injury.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings support the presence of partial rupture of the left cranial cruciate ligament. Full fiber disruption is not overtly seen, however, the significantly altered echoarchitecture and remainder of the joint changes are compatible with partial cruciate ligament injury. Surgical intervention has been performed in order to address the biomechanical instability and prevent further damage to the articular structures including the menisci.



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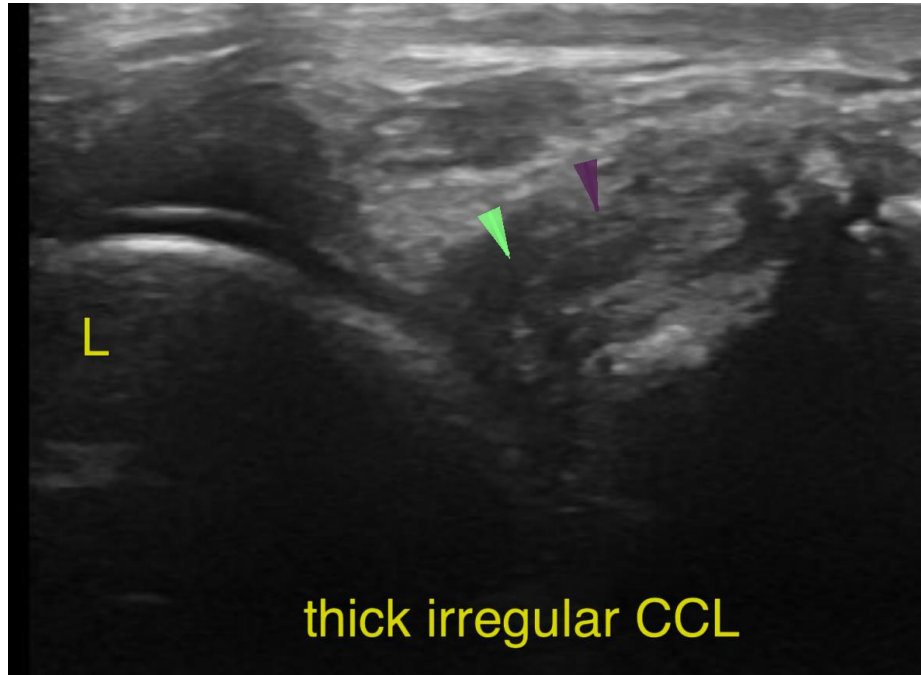
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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