



PATIENT

Bubba Van Dok

PRESENTING CLINICAL SIGNS

Has been limping and favoring right rear leg for 4 weeks . was referred for a TTA.
 Abnormal PE/Chem/CBC/UA Results: Has a slight Cranial drawer and a slight CTT and is painful about the right stifle. On pre Sx xrays there is some periosteal reaction and bone density changes in the distal right femur. Radiologist review pending concern for possible OSA. Cancel TTA today. Scanned the stifle for CCI evaluation

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Mastiff Cross

Right Stifle

There is severe joint effusion and significant synovial thickening/proliferation noted. The femoral trochlea shows marked subchondral irregularities with formation of osteophytes at the femoral condyles. In position 2, an irregular intercondylar bone surface is recognized.

SEX

M

Both collateral ligaments are inconspicuous.

AGE

3 Years

The intraarticular fat body appears significantly inhomogeneous with mild cystic changes.

The cranial cruciate ligament presents at least residual fibers with a correctly aligned fibrous texture. Beside that a hyperechoic stump-like area is detected.

INTERPRETED BY

Sebastian Jawinski,
 German Board
 Certified Vet
 Specialist in
 Diagnostic Imaging

Both menisci present a markedly irregular/coarse texture with tiny hyperechoic spots with distal acoustic shadowing. An overt fissure line is not seen.

ULTRASONOGRAPHIC DIAGNOSIS

- Severe joint effusion and synovial proliferation
- Irregular intercondylar bone surface
- Complete rupture of the CCL is not suspected
- Moderate degenerative changes of the right stifle including osteophytes and meniscal degeneration

HOSPITAL NAME

Westview Veterinary
 Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Brian Barnes

The sonographic findings could represent partial rupture/lesion of the CCL since there are some traceable fibers left indicating a normal course. A typical hyperechoic stump as seen with complete rupture is not recognized. The severe joint effusion in addition would be atypical for the described "chronic" onset. Intraarticular hemorrhage should be more organized after 4 weeks. I am concerned about the irregular intercondylar bone surface. Differentials include but are not limited to an aggressive bone lesion as seen with neoplasia and cystic-erosive changes which are commonly seen with severe enthesopathies of the CCL, auto-immune diseases and joint infection. Biopsy and synovial microbiological testing/cytology are needed for further evaluation.

INVOICE

48381

DATE

11-15-21



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The degenerative findings (osteophytes, menisci) I assume are secondary. Meniscal lesions cannot be fully excluded.

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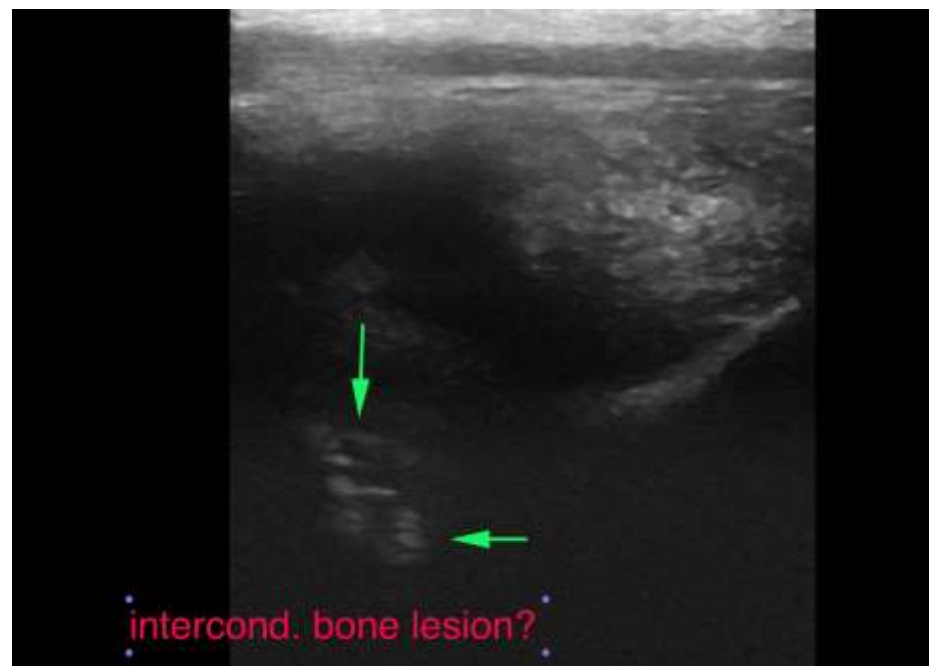
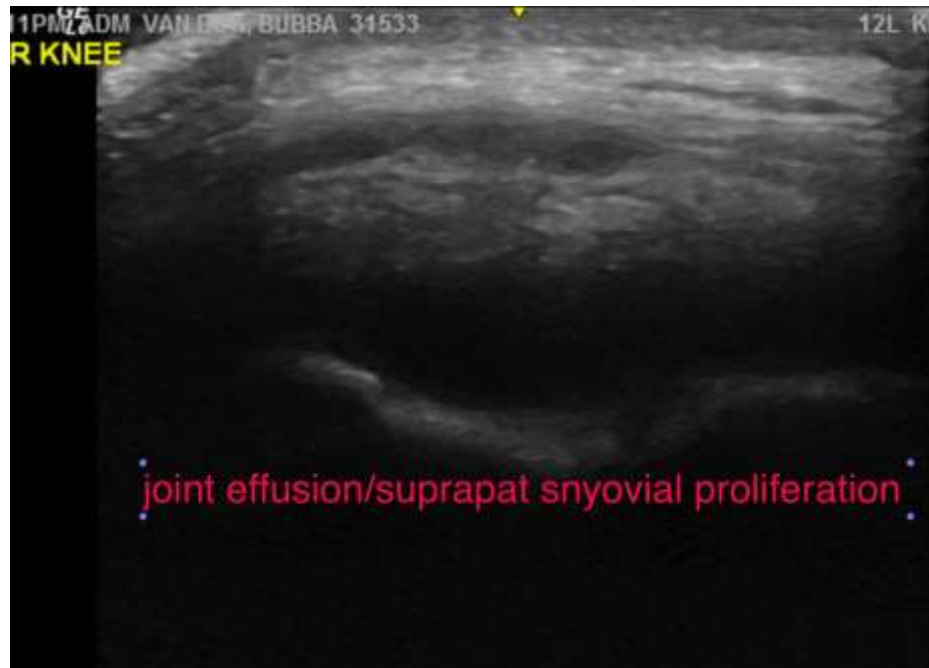
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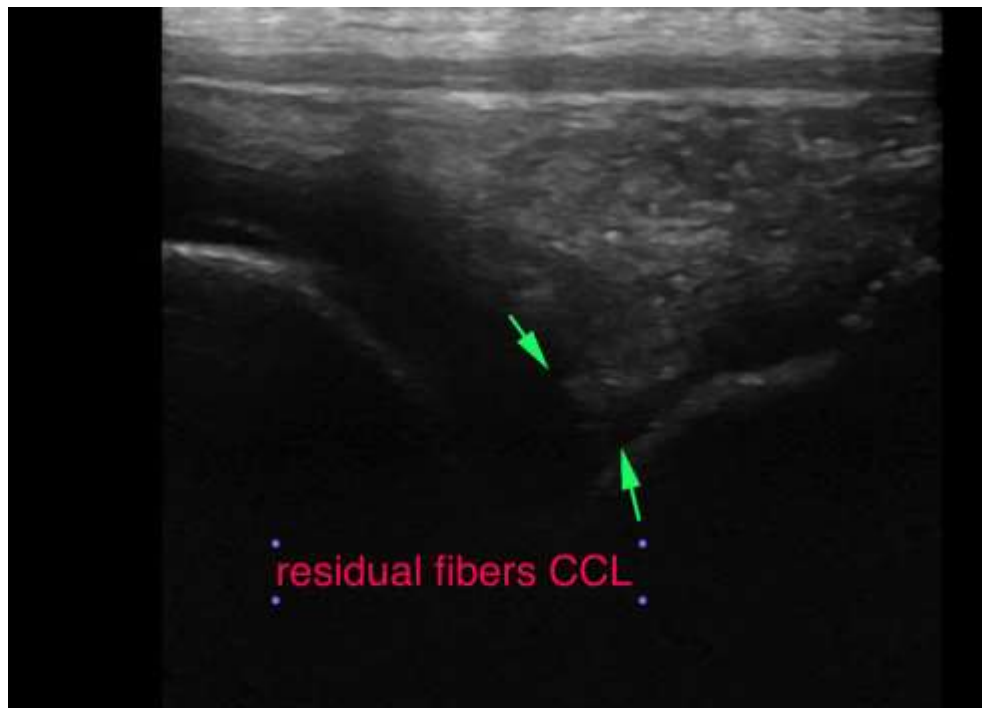
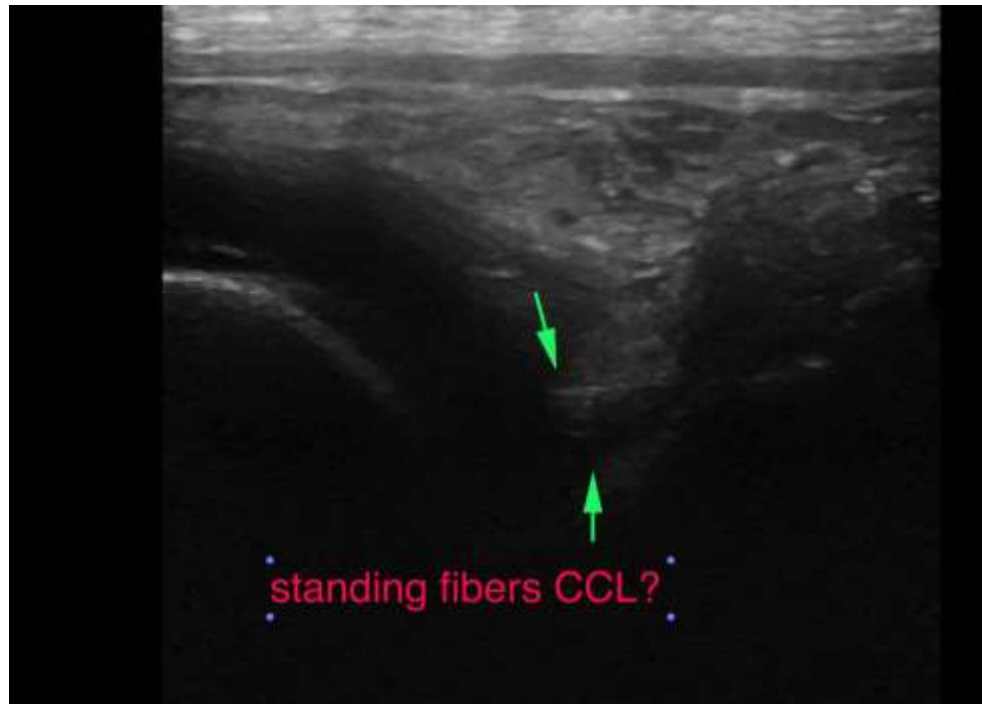
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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