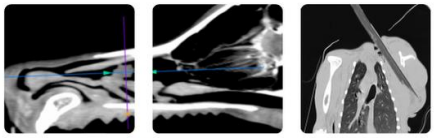

PATIENT

Gabe Dunkelberger

SPECIES

K9

BREED

Great Pyrenees Mix

SEX

MN

AGE

5.75Y

WEIGHT

48.9

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

James Gaynor

HOSPITAL NAME

Colorado Animal Specialty & Emergency

REFERRING VET

James Gaynor

INVOICE

72511

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Left TPLO 3 years ago, RR limp x 3 months
Abnormal PE/Chem/CBC/UA Results: Exam: R knee extension pain; effusion on radiographs, mild OA

ULTRASONOGRAPHIC FINDINGS

Right Stifle

The right stifle presents mild joint effusion and synovial thickening with prominent osteophytes at all joint levels, including the proximal and distal tip of the patella, the femoral condyles and the tibial plateau. There is an irregular infrapatellar fat body noted with an anechoic to hypoechoic fiber-like course of the ACL, presenting at least thickening of the ligament and a hyperechoic, mineralized area near to the insertion at the tibial tuberosity. The ACL cannot be traced safely; well-defined fibers are not recognized.

The medial meniscus is protruding lightly. The lateral meniscus is prolapsing beyond the tendon of the extensor digitalis longus muscle. The patellar ligament is inconspicuous.

ULTRASONOGRAPHIC DIAGNOSIS

- Suspected lesion of the cranial cruciate ligament
- Mild joint diffusion and synovial thickening
- Suspected lesion of the medial and lateral meniscus
- Degenerative joint disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osteophytes and synovial thickening as well as the inhomogeneous fat body are a more chronic and degenerative finding, whereas the joint effusion and the ill-defined anterior cruciate ligament could represent a more traumatic/acute onset. The prolapsing lateral and protruding medial meniscus are indirect signs for an unstable joint and could be secondary to a cruciate ligament lesion. Complete ACL rupture is unlikely. I would favor ligamentous edema/degeneration and cannot fully exclude partial rupture. The questionable thickening of the ACL could show an edema and/or an anechoic halo with an avulsion fragment at the level of the tibial plateau. Next to the bone surface this also could show new bone formation as seen with enthesophytes. These findings must be correlated with the clinical presentation. Differentials include post-traumatic issues and an inflammatory process as seen with arthritis and synovitis. Infectious or immune-mediated disease is possible as well. For further assessment, FNA/biopsy and synovial sampling are needed.

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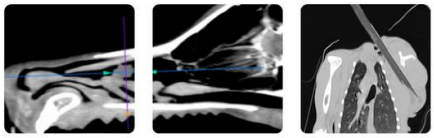

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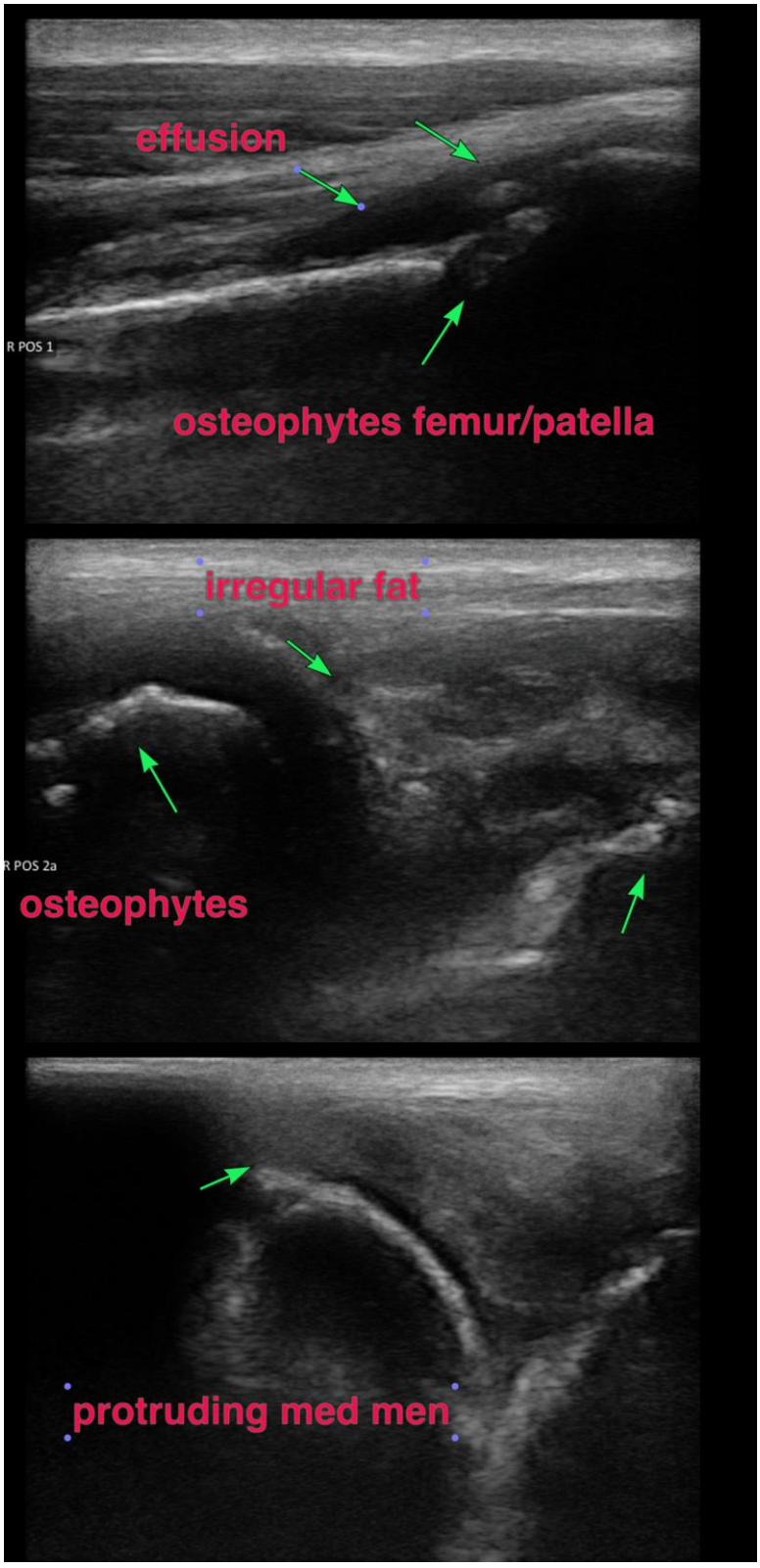

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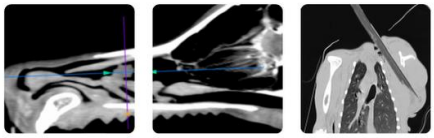

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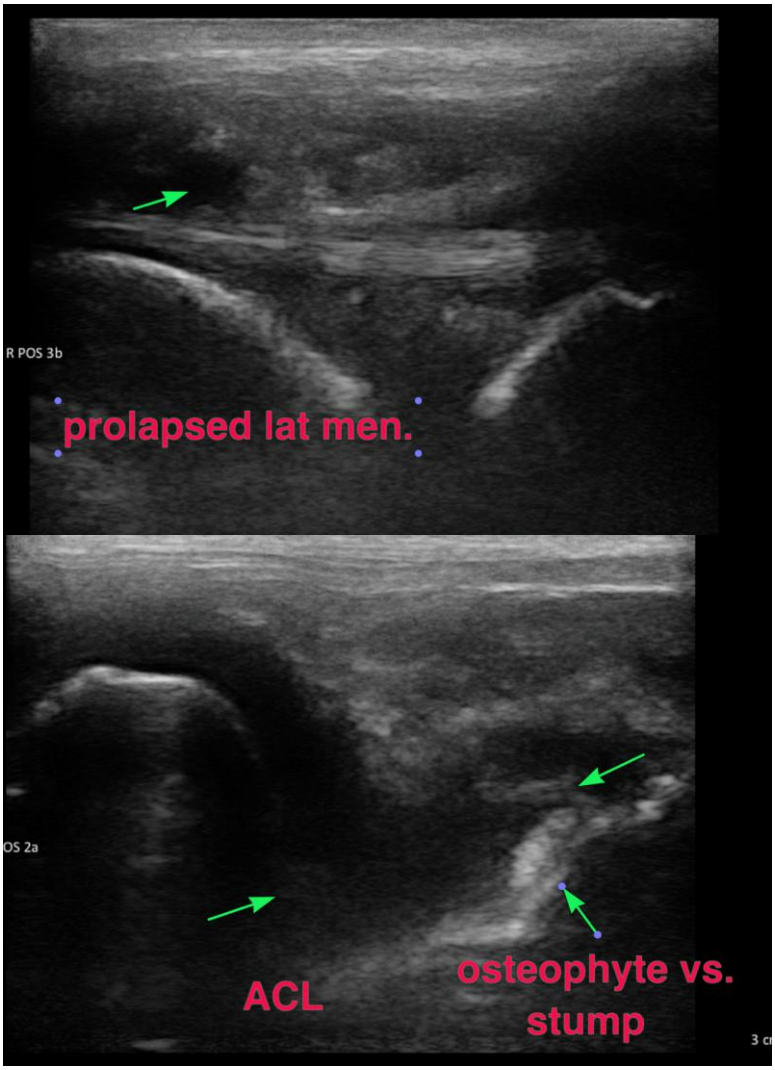

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com