

PATIENT

Brady Bouvier

SPECIES

Canine

BREED

Doodle

SEX

Neutered Male

AGE

9 Years 2 Months

WEIGHT

36.2

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr. Michele
Pfannenstiel

HOSPITAL NAME

Mill Brook Animal
Clinic VBF

REFERRING VET

Dr. Michele
Pfannenstiel

INVOICE

14335

DATE

03/13/26

PRESENTING CLINICAL SIGNS

- On 03/10/2026, Brady presented with acute, severe, non-weight-bearing lameness of the right hind leg. suspect CCL rupture, likely an acute-on-chronic injury. This was preceded by a left hind limb sprain in the summer of 2024, which was suspected to be a partial CCL tear and treated with Carprofen. Management for the right CCL rupture included in-clinic Methadone for analgesia, a prescription for Carprofen, strict rest, and recommendations for cold laser therapy and a surgical consultation.

Abnormal PE/Chem/CBC/UA Results: Examination revealed significant pain, swelling in the right stifle, and a positive cranial drawer sign. NSF on a chem 10 on 10 March

ULTRASONOGRAPHIC EXAMINATION OF THE RIGHT AND LEFT STIFLE

Screenshots label the anatomically correct side.

ULTRASONOGRAPHIC FINDINGS

There are mild osteophytic reactions noted at the femoral condyles and the proximal tibia. Relevant effusion in the supra- and infrapatellar region is not identified. The infrapatellar fat body is inconspicuous on both sides. The course and thickness of the left ACL is inconspicuous, presenting a spot-like mineralization in the distal parts of the ligament. A hyperechoic stump and/or hypoechoic halo are not recognized.

Continuity of the ACL is questionable with an irregular course on the right side, presenting a mildly thickened ligament. Again, a typical hyperechoic stump and/or hyperechoic halo are not noted.

The menisci are inconspicuous as far as displayed. The patellar ligament is unremarkable.

ULTRASONOGRAPHIC DIAGNOSIS

- Suspected lesion right ACL
- Mild degenerative changes both stifles
- Ligamentous calcification left ACL

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The sonographic findings on the right side are not pathognomonic for a complete rupture of the ACL. I miss the typical degenerative findings, the joint effusion and the hyperechoic stump/hypoechoic halo. Chronic issues as seen with partial rupture and ligamentous edema are potential differentials. I cannot rule out a chronic and complete rupture of the ACL on the right side as is described and suspected in the patient's history. The sonographic findings must be correlated with the clinical presentation.

The calcification in the course of the left ACL represents mild degeneration. Again, typical signs of an active inflammatory process as seen with acute partial/-rupture (joint effusion etc.) are not recognized.



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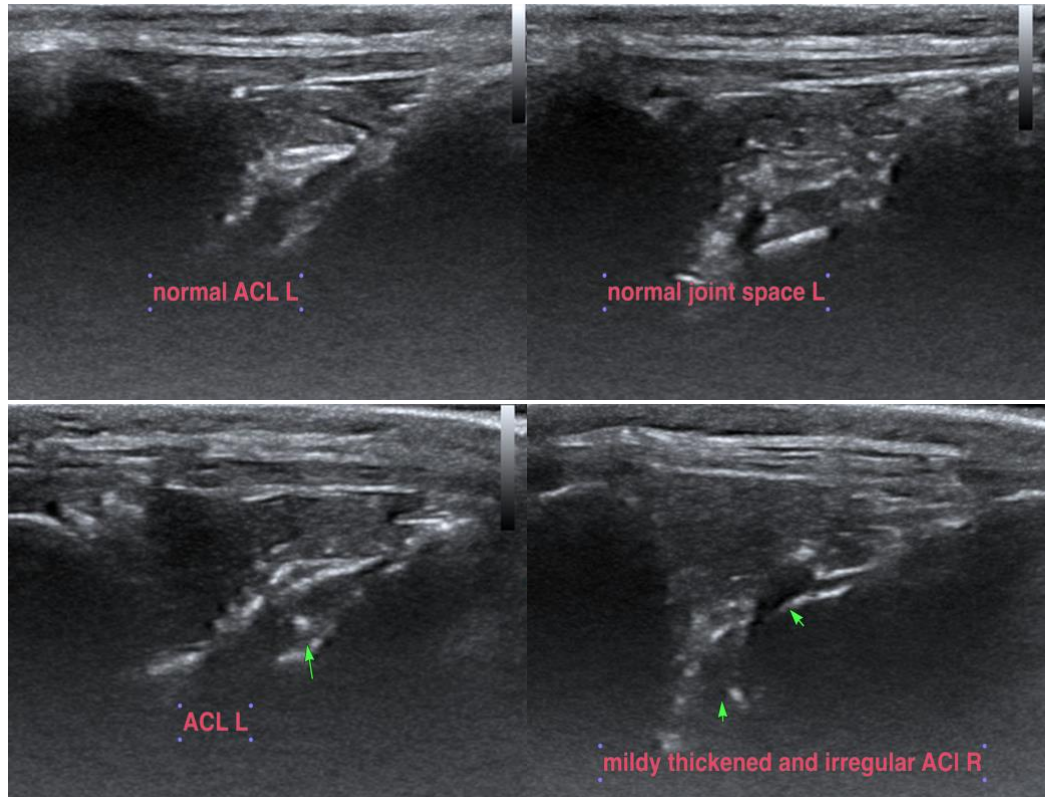
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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