



PATIENT

Rome Bautista

SPECIES

Canine

BREED

Doberman

SEX

FS

AGE

6Y

WEIGHT

75lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina Village
Veterinary &
Integrative Care

REFERRING VET

Ashley McCaughan

INVOICE

74527

DATE

4-8-26

PRESENTING CLINICAL SIGNS

Right and left stifle MSK study prior to injection of both stifles w/ PRP and Spryng. Patient is a grade 2/5 left pelvic limb lameness, localized to left stifle.

Abnormal PE/Chem/CBC/UA Results: Crepitus on flexion of both stifles. DACVR review - Conclusion The study demonstrates severe right stifle osteoarthritis associated with chronic cruciate ligament injury. The study indicates mild left stifle osteoarthritis. Primary consideration is given to intra-articular injury such as cruciate or meniscal tear. It is considered likely that acute on chronic injury to the left stifle is causing the current lameness.

ULTRASONOGRAPHIC FINDINGS

Right Stifle

The right stifle presents severe osteophytes at all joint levels with significant synovial and capsular thickening in the lateral and medial joint aspects as well as in the suprapatellar region/femoral condyles. There is subtle joint effusion noted. The medial meniscus indicates hypoechoic interruptions. Relevant prolapsing is not noted. The infrapatellar fat body appears moderately irregular and inhomogeneous. There are fibers noted which can be traced in the course of the ACL. A typical stump and/or halo are not noted.

Left Stifle

The left stifle shows moderate joint effusion in the suprapatellar region and in the lateral aspect of the joint. The infrapatellar fat body appears moderately inhomogeneous. There are fibers noted with an indicated stump in the course of the ACL, which are corrugated/undulating. These appear swollen. There is obvious prolapsing of the medial meniscus noted. The lateral meniscus is mildly prolapsing and shows a hypoechoic interruption. Synovial and capsular thickening are recognized as well as significant thickening of the patellar ligament.

ULTRASONOGRAPHIC DIAGNOSIS

Left stifle:

- Suspected lesion ACL
- Prolapsing medial meniscus, suspected tear lateral meniscus
- Moderate degenerative changes including osteoarthritis, joint effusion and synovial thickening

Right stifle:

- Suspected tear medial (?) meniscus
- Moderate degenerative changes including osteoarthritis, joint effusion and synovial thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The indicated stump and significant swelling of the residual fibers on the left side indicate a partial or complete rupture of the anterior crucial ligament (ACL). There are several secondary findings that would underline this assumption like the marked synovial and capsular thickening, the thickened patellar



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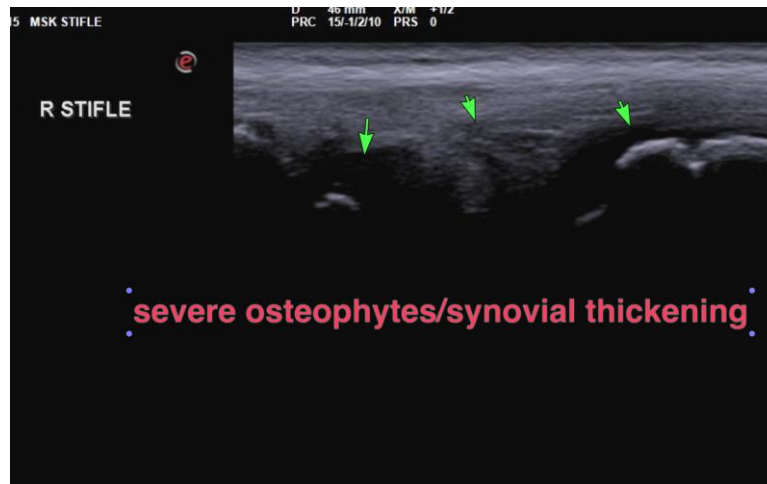
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ligament and joint effusion. These represent chronic and degenerative findings as well as an active synovitis and/or osteoarthritis due to an intraarticular lesion. I would suspect a lesion of the medial and lateral meniscus.

The changes on the right side are chronic and degenerative. There is severe osteoarthritis noted. A typical stump and/or halo of the ACL are not recognized. However, it is difficult to determine if the medial or lateral meniscus are damaged and final assessment of the inner texture of both menisci is not possible. There is a hypoechoic interruption seen in one of the menisci consistent with a tear.

TECHNICAL COMMENTS

Please mark the images with the position 1, 2 a/b and 3 a/b. You might not use the right setting for orthopedic ultrasound. The images are too dark and the resolution in the "far" field is suboptimal (see meniscal texture and position 2b for the ACL). Please try to change the frequency (sometimes a lower frequency gives better results) and/or octave settings, switch to a high power output and play with the harmonic tissue imaging settings. These might improve the image quality well knowing that this is difficult in some patients.





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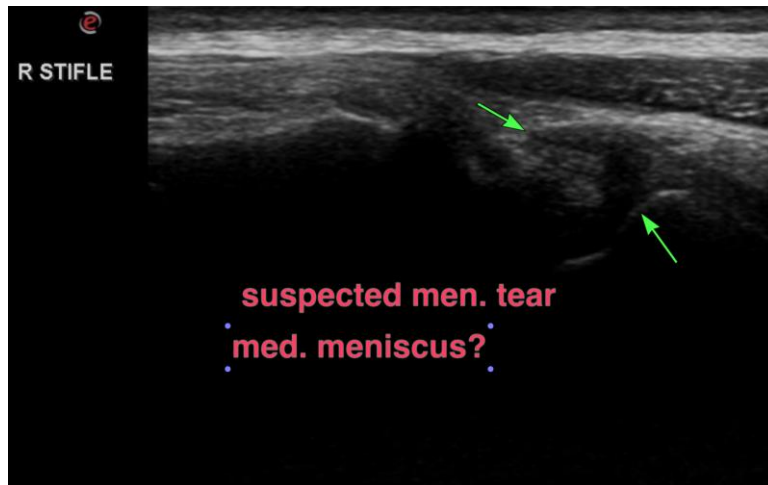
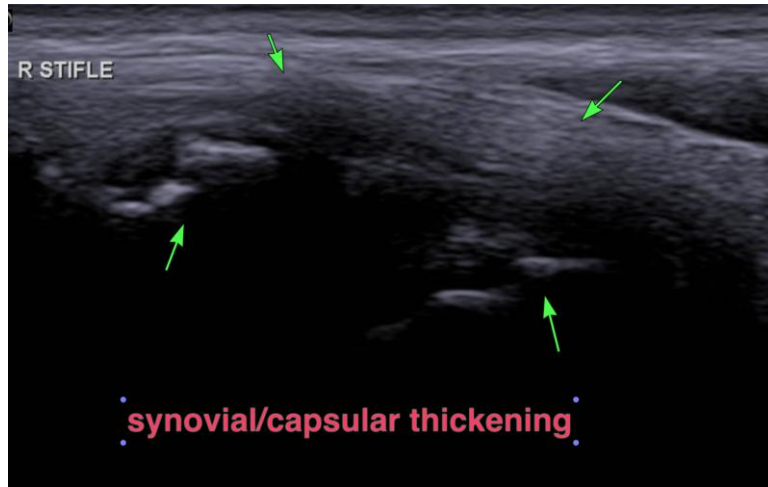
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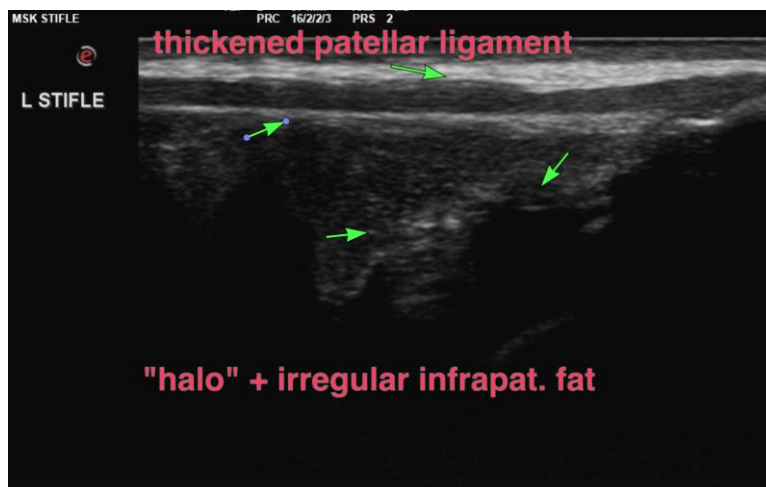
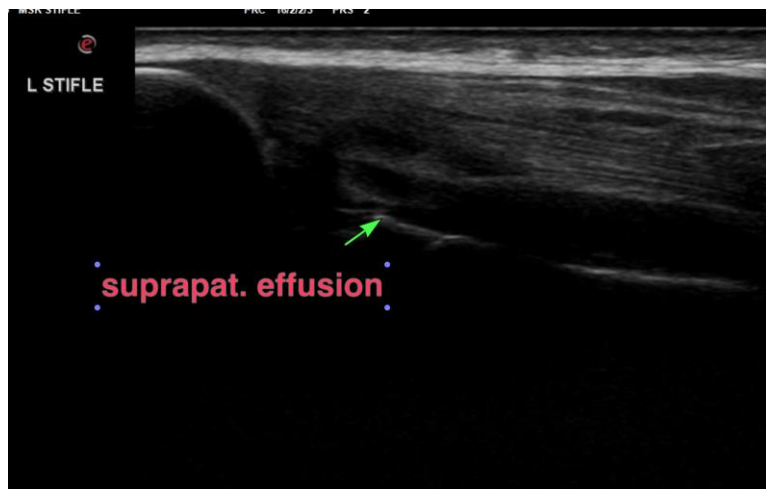
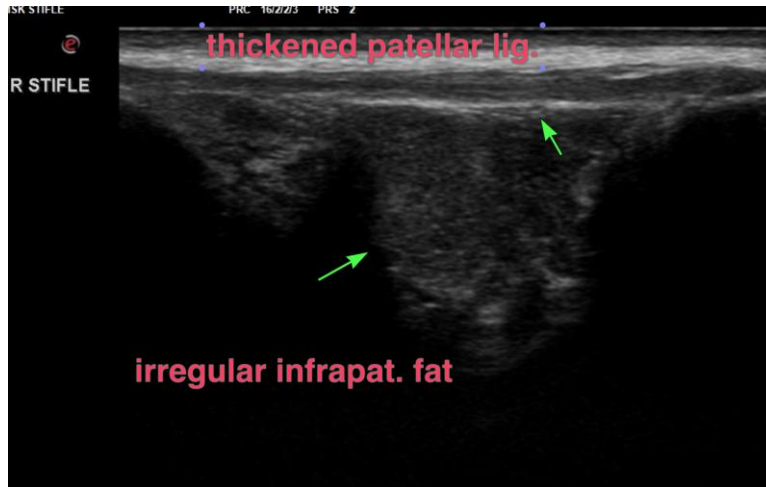
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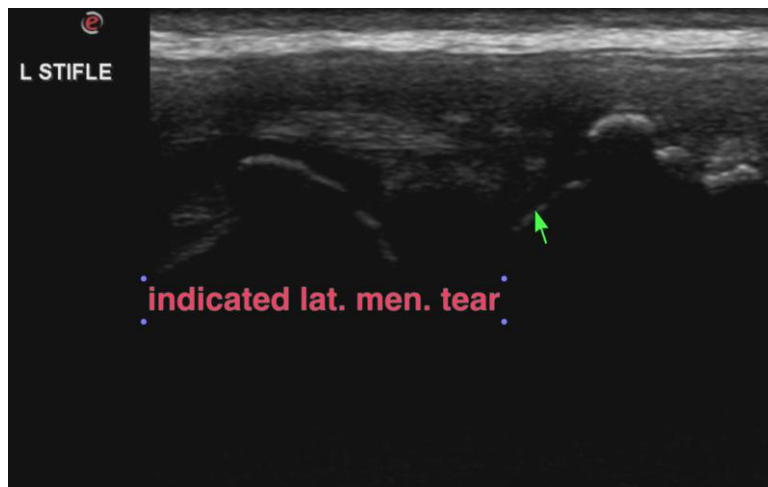
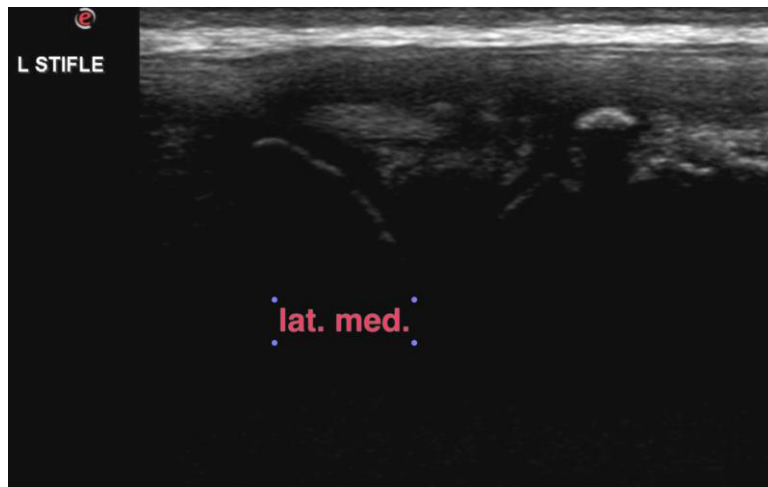
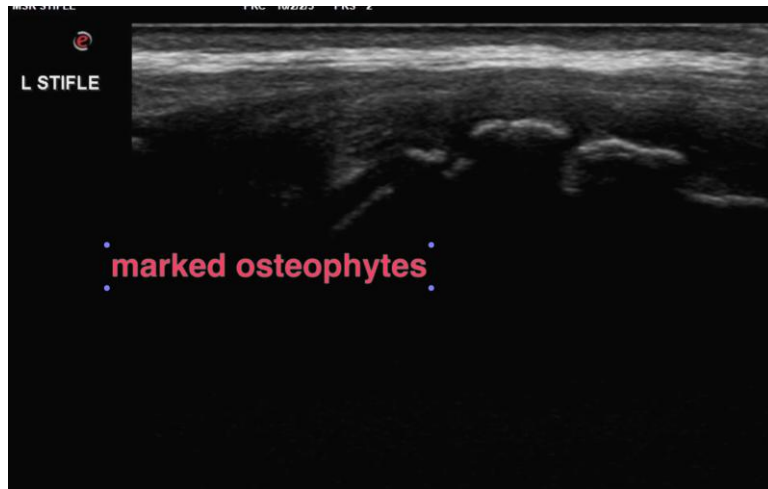
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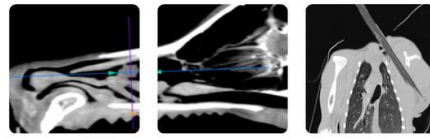
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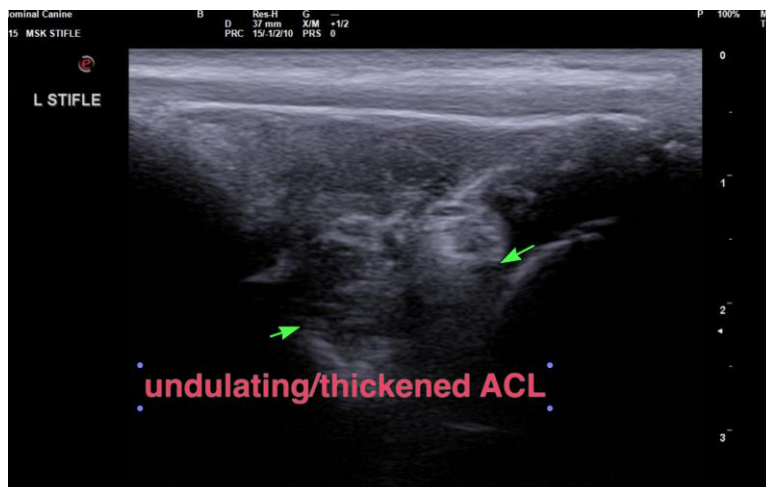
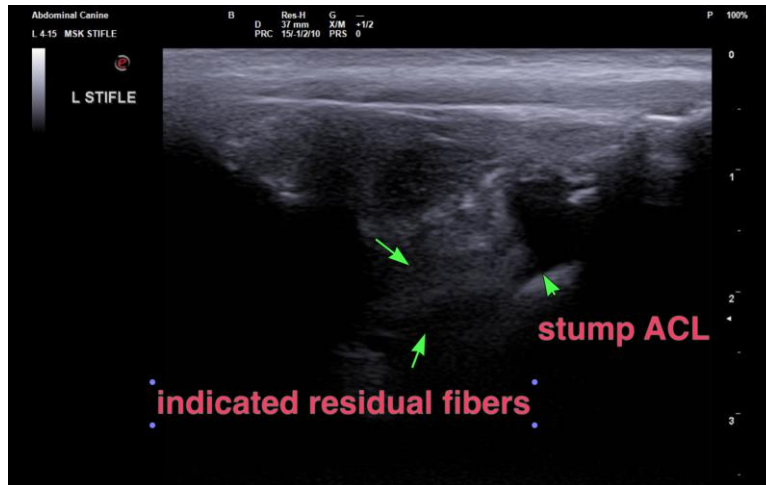
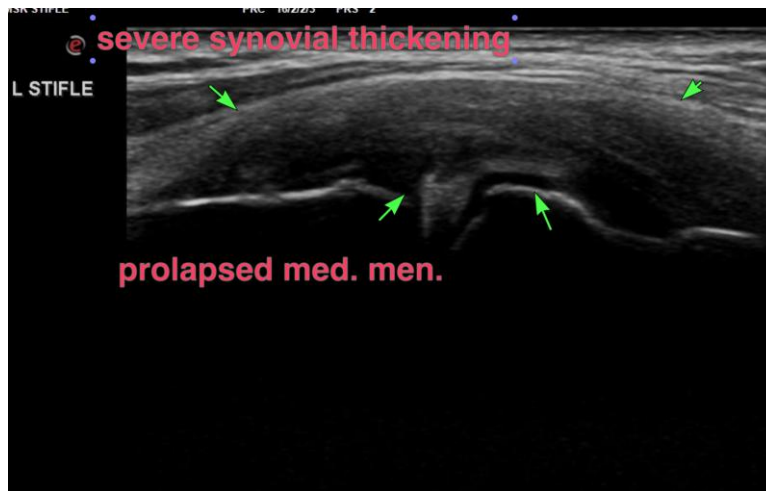
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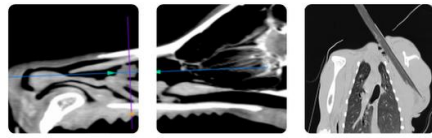
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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