



PATIENT

Aggie Vega

SPECIES

Canine

BREED

American Pitbull

SEX

Spayed Female

AGE

9 Years

WEIGHT

73 Pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

CV

HOSPITAL NAME

DTLAvets

REFERRING VET

Dr. Castaneda

INVOICE

35220

DATE

1/3/26

PRESENTING CLINICAL SIGNS

History: Long standing hx of bilateral RCCL w secondary OA changes; recent progressive deterioration of mobility in cooler weather; recent mild weight gain (thyroid WNL); O's wish to ensure to aggressive lesions present; pls comment on radiolucencies in the R prox tibia and R distal femur.

RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

Radiographs of the stifle joints in orthogonal image planes are provided for review.

RADIOGRAPHIC FINDINGS

The mediolateral view of the left stifle joint is superimposed on the abdomen, limiting evaluation of the soft tissue structures.

The periarticular bones of both stifle joints present moderate to marked osteophyte new bone formation. The subchondral bone of the right femoral condyles and tibial plateau presents well-defined geographic osteolytic lesions. The right stifle joint presents a significant intracapsular soft tissue swelling, effacing the infrapatellar fat pad cranially and distorting the fascial plane caudally. Moderate cranial subluxation of the right tibia is seen.

RADIOGRAPHIC DIAGNOSIS

- Failure cranial cruciate ligament right stifle joint
- Osteoarthritis stifle joints bilaterally, R>L
- Articular swelling right stifle joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of both stifle joints is fitting the history of pathology of the cranial cruciate ligament ± meniscal pathology. The appreciated geographic osteolytic lesions in the subchondral bone of the right stifle joint are most consistent with degenerative osseous cyst like lesions – I do not see signs of aggressive bone lesions.



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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 Schaub, DVM, Dr. med. vet. DipECVDI

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