



PATIENT

Ammo Comstock

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Male

AGE

2 Years

WEIGHT

32.7 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Aubrie

HOSPITAL NAME

CARE Surgery Center

REFERRING VET

Dr. Matthew Keats

INVOICE

35361

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History of left femoral condylar fracture (Salter Harris type IV complex) repaired repaired with lag screw and cross pins on 6/20/2024 (CT report attached). Patient had acute swelling and lameness which led to removal of the cross pins on 7/10/2024. Lag screw removed on 7/16/2024 due to continued swelling, lameness, and abnormal joint fluid. Treatment for surgical site infection started 8/5/2024. Recheck radiographs on 10/3/2024 showed adequate healing and he was slowly returned to normal activity. It is reported that he did well until left pelvic limb lameness was noted on 1/4/2026. Consultation was done to recheck leg and discuss castration and gastropexy. CT Scan performed under anesthesia today prior to neuter/pexy to determine if any surgical procedure can be done to help with changes noted in the stifle.

COMPUTED TOMOGRAPHIC STUDY OF THE STIFLE JOINTS

A high-resolution plain CT study of the stifle joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The periarticular bones of the right stifle joint present smooth osseous margins and there is no evidence of an intracapsular soft tissue swelling.

The periarticular bones of the left stifle joint present moderate osteophyte new bone formation. The subchondral bone of the femoral and tibial condyles of the left stifle joint presents multiple well-defined, geographic osteolytic lesions – demarcated by a thin sclerotic rim. The subchondral bone of the femoral condyles presents multiple shallow irregular crescent shaped depressions. The left stifle joint presents a moderate intracapsular soft tissue swelling

COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of traumatic articular complex fracture left femoral condyles
- Osteoarthritis left stifle joint
- Joint effusion ± synovitis left stifle joint
- Multiple degenerative osseous cyst likely lesions periarticular bones left stifle joint
- Possible defects of the joint cartilage of the left femoral condyles – likely secondary to the trauma
- Normal right stifle joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of the left stifle joint can be a sequela to the history of articular fracture. Anyway, the effusion of the left stifle joint can be a sequela to the degenerative joint disease or be indicative for pathology of the cranial cruciate ligament ± meniscal pathology or arthritis. Recommend complementing workup by a synovial tap. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis of pathology of the cranial cruciate ligament – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.



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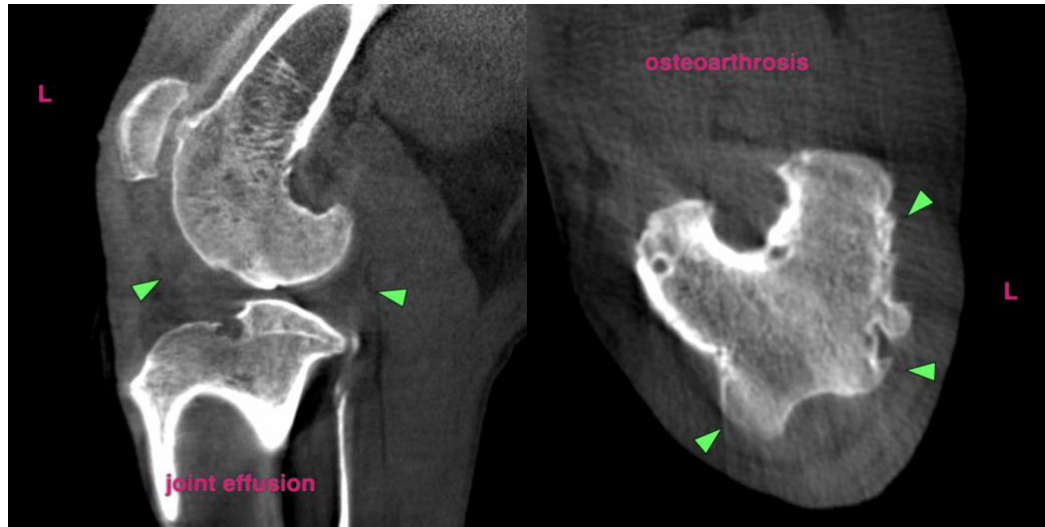
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com