



PATIENT

Echo Anderson

SPECIES

Canine

BREED

King Charles Spaniel

SEX

FS

AGE

5Y, 4M

WEIGHT

26lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

72495

DATE

11-4-25

PRESENTING CLINICAL SIGNS

Been off and on limping for a few months on various legs -Most recent incident started on Sunday and got worse on Monday, where she was holding up her left hind leg -Haven't been allowing her to go up and down stairs -Currently on Gabapentin and Methocarbamol. Sent home with Galliprant today.
Abnormal PE/Chem/CBC/UA Results: PE: Mouth/Teeth: Grade 2 dental disease Grade 3 lameness on left hind, pain and laxity with extension and drawer on left stifle, hip range of motion normal, toes and feet normal, no evidence of fracture

RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLE JOINTS

A complete set of radiographs of the pelvis and stifle joints is provided for review.

RADIOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

Both stifle joints present smooth margins of the periarticular bones, and the patella bilaterally is in situ. The right stifle joint presents no signs of an intracapsular soft tissue swelling. The left stifle joint presents a mild to moderate intracapsular soft tissue swelling, effacing the infrapatellar fat pad cranially and distorting the fascial plane caudally.

RADIOGRAPHIC DIAGNOSIS

- Mild articular swelling left stifle joint
- Normal pelvis – but chondrodystrophic conformation of the osseous structures

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The effusion ± synovitis of the left stifle joint can be a sequela to pathology of the cranial cruciate ligament/meniscal disease, trauma or arthritis. Regarding clinical findings with instability of the left stifle joint, the odds for pathology of the cranial cruciate ligament are high.



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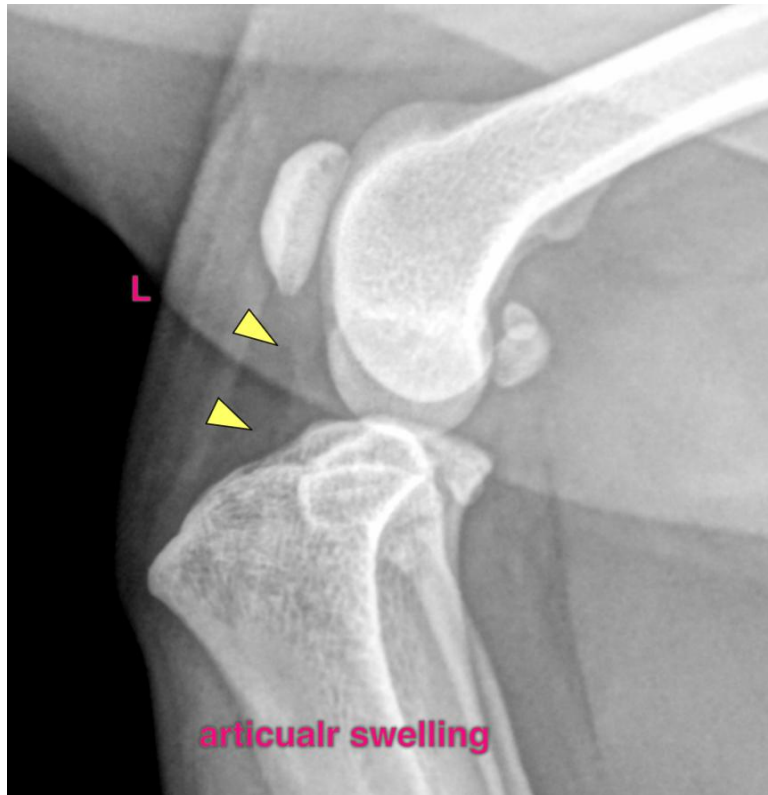
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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