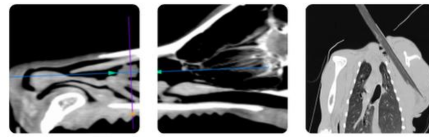


PATIENT

Ivan O'Donnell

SPECIES

Canine

BREED

German Shepherd Dog

SEX

Male Neutered

AGE

7Y, 6M, 20D

WEIGHT

112.20lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Joseph D'Abbraccio, DVM

HOSPITAL NAME

Catskill Veterinary Services, PLLC

REFERRING VET

Joseph D'Abbraccio, DVM

INVOICE

72496

DATE

11-4-25

PRESENTING CLINICAL SIGNS

10/24/2025: Reason for Visit: Hind leg lameness, cancer screening CT scan. History: Owner presented for hind leg lameness and to request a CT scan for baseline organ screening due to concern about cancer risk at current age. Owner reports Ivan limps on his leg, is older, and appears to be in some pain, especially during walking. No current medications or supplements administered. Diet is a medical food, described as 'Elemental,' fed daily. Owner has no information on family lineage or history of cancer. Ivan lives with a two-year-old German Shepherd and walks several times daily on a large property, averaging 10,000 steps per day. Previous stifle surgeries performed at Blue Pearl in Manhattan.
Abnormal PE/Chem/CBC/UA Results: PE: Oral Cavity: Oral exam not performed due to patient's nervousness.; Musculoskeletal: Palpable crepitus in the right hind limb with supportive arthritis in the right stifle. Effusion and swelling in the right stifle. Muscle atrophy in both hind limbs, more pronounced on the right. Tibial sensitivity in the left hind limb. Gait described as ginger and slow to lay down, suggestive of discomfort in the hind limbs.; CBC: Monocytes 0.784; Chem: WNL;

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN AND STIFLE JOINTS

A high resolution pre- and post-contrast CT study of the abdomen and stifle joints and a plain CT study of the thorax is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

Along the thoracic & lumbar spine, multifocal spondylosis formation is seen.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation pattern is uniform.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior, but a zone with dystelectasis in the caudodorsal dependent aspect of the left caudal lung lobe.

Small incidental gas pockets are seen within the esophageal lumen; there is no evidence of abnormal dilation.

Abdomen

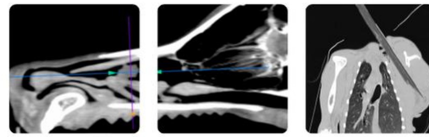
The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The caudal pole of the right kidney presents a concave depression of the renal surface. After contrast administration in the cortex of the left kidney, sporadic, well-defined roundish parenchymal filling defects are seen; measuring <2 mm.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.



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The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

Stifle joints

The volume of the musculature of the right hind limb is moderately decreased.

The periarticular bones of both stifle joints present advanced osteophyte new bone formation. Post contrast administration the synovial capsule of both stifle joints is significantly thickened and increased contrast enhancing. The stifle joints present a mild to moderate intracapsular fluid attenuating swelling – distorting the infrapatellar fat-pad.

A TTA cage is appreciated at the caudoproximal aspect of the tibial tuberosity bilaterally. The fork bilaterally is unremarkable in position. The osteotomy of the tibial tuberosity bilaterally is filled with trabecular bone.

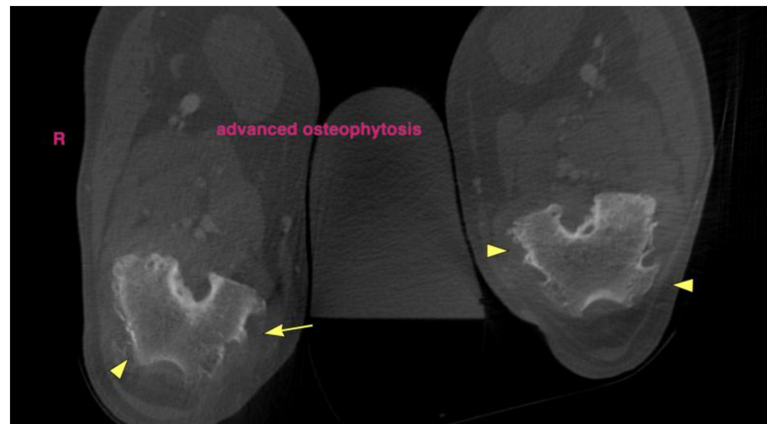
COMPUTED TOMOGRAPHIC DIAGNOSIS

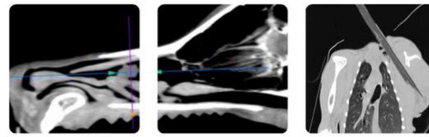
- History of surgical management of pathology of the cranial cruciate ligament of both stifle joints via TTA – the osteotomy is in the remodeling phase
- Advanced osteoarthrosis both stifle joints
- Synovitis and mild to moderate effusion both stifle joints
- Disuse atrophy musculature right hind limb
- Right sided chronic renal infarction
- Left sided sporadic simple renal cortical cysts
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding is the advanced degenerative joint disease of the stifle joints secondary to pathology of the cranial cruciate ligament. Rule out meniscal pathology and septic arthritis as cause for the persistent lameness.

The CT study is negative for neoplastic disease.





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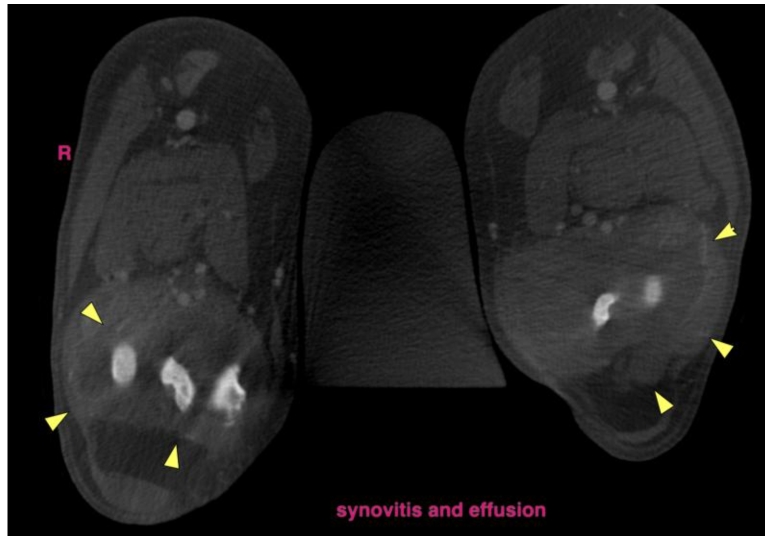

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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