



PATIENT

Daisy Hendrickson

SPECIES

Canine

BREED

Terrier Mix

SEX

FS

AGE

10Y, 3M

WEIGHT

13lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

72842

DATE

12-3-25

PRESENTING CLINICAL SIGNS

Having TPLO surgery done in Florida -Elected to have x-rays done here -Ongoing issues, diagnosed last year with bilateral cranial cruciate ligament tears and medial luxating patella -Left stifle has been repaired previously

Abnormal PE/Chem/CBC/UA Results: PE: Musculoskeletal: Medial buttress palpated on the right stifle greater than the left stifle. Diffusion noted in the right stifle. Pain elicited on attempted drawer of the right stifle, but no drawer movement observed.

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

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

The surrounding bony structures are within normal limits.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.



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The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

Pelvis and Stifle joints

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.

The periarticular bones of the left stifle joint present very mild osteophyte new bone formation. The left stifle joint presents a mild intracapsular soft tissue swelling. At the medioproximal aspect of the left tibia, a TPLO implant is visible. The osteotomy in the proximal left tibia is filled with trabecular bone.

The periarticular bones of the right stifle joint present mild to moderate osteophyte new bone formation. The right stifle joint presents a moderate intracapsular soft tissue swelling, effacing the infrapatellar fat pad cranially and distorting the fascial plane caudally.

RADIOGRAPHIC DIAGNOSIS

- Moderate osteoarthritis right stifle joint
- Moderate articular swelling right stifle joint
- History of surgical management of pathology of the cranial cruciate ligament of the left stifle joint via TPLO – the osteotomy is in the remodeling phase
- Very mild osteoarthritis and articular swelling left stifle joint
- Normal pelvis
- Normal thorax
- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most common underlying cause for the degenerative joint disease and effusion ± synovitis of the stifle joint is pathology of the cranial cruciate ligament ± meniscal pathology. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.



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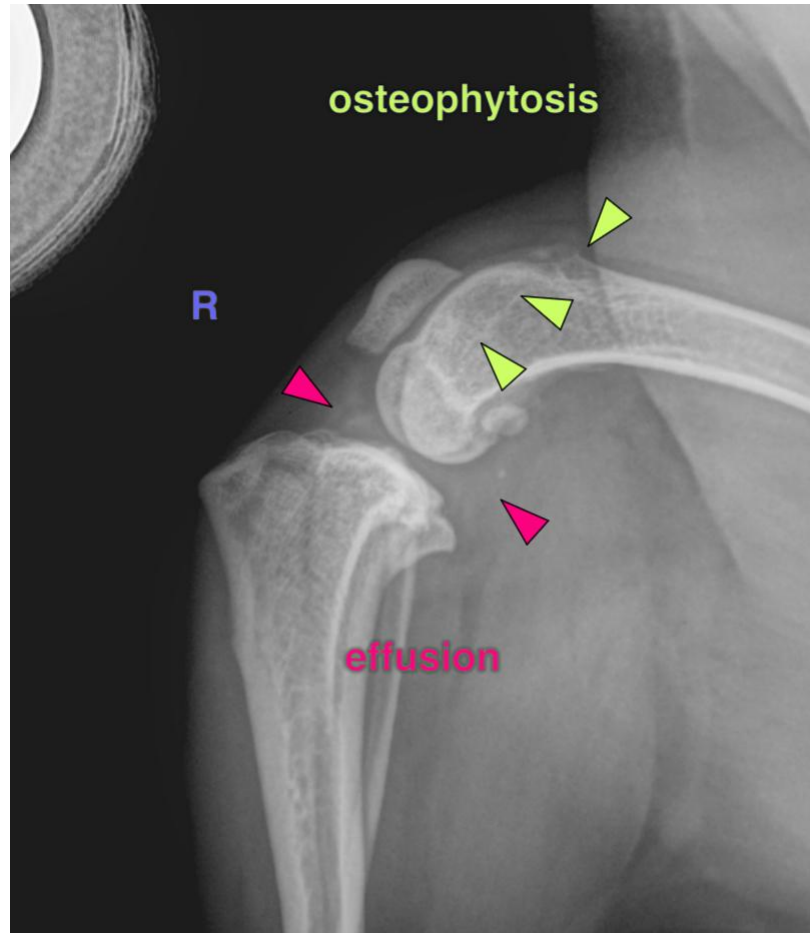
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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