



**PATIENT**

Sassy Cameron

**PRESENTING CLINICAL SIGNS**

Acute right hind limb lameness. No prior history of lameness. Pain on hyperextension of right stifle, cranial drawer R stifle. No repeatable resistance to extension of hips. MPL grade 2 bilateral. Abnormal PE/Chem/CBC/UA Results: Mild hyperglycemia on blood work.

**SPECIES**

Ca

**RADIOGRAPHIC STUDY OF THE PELVIS & STIFLE JOINTS**

Radiographs of the pelvis in two orthogonal imaging planes are provided for review.

**BREED**

Mixed

**RADIOGRAPHIC FINDINGS**

There is a chondrodystrophic conformation of the osseous structures.

No abnormalities of the osseous and soft tissue structures of the pelvis are appreciated.

**SEX**

FS

The left stifle joint presents without abnormalities, the osseous margins are smooth and there is no evidence of intracapsular soft tissue swelling.

**AGE**

5

The periarticular bones of the right stifle joint present mild osteophyte new bone formation and there is evidence of mild to moderate intracapsular soft tissue swelling.

**RADIOGRAPHIC DIAGNOSIS**

- Mild degenerative osteoarthritis right stifle joint
- Mild to moderate articular swelling right stifle joint
- Normal pelvis
- Normal left stifle joint

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is consistent with mild chronic degenerative osteoarthritis with concomitant joint effusion of the right stifle joint. The most-likely underlying cause is (partial) rupture of the cranial cruciate ligament with or without meniscal disease – the diagnosis is supported by the clinically appreciated by the positive drawer sign and tibial compression test.

**HOSPITAL NAME**

Torch Lake  
Veterinary Clinic

**REFERRING VET**

Jennifer Rudnick

**INVOICE**

50519

**DATE**

2-23-22



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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.

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