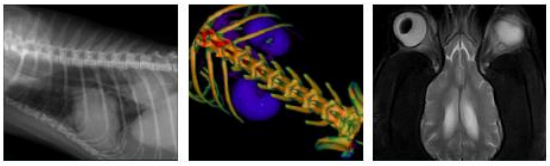
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Emma Rivas

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

6 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Dr. R Lombardi

INVOICE

56969

DATE

2-27-23

PRESENTING CLINICAL SIGNS

Patient diagnosed with right ACL tear - radiographs done at rDVM (unable to upload to our computer and send to you) revealed possible pinpoint lucencies within the metaphyseal region. We sedated and did repeat radiographs to send out to you to R/O artifact vs. primary pathology

RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

Radiographs of both stifle joints in two orthogonal imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

The periarticular bones of both stifle joints present moderate osteophyte new bone formation. A well-defined horizontally oriented canal is seen in the caudoproximal aspect of the tibial tuberosity of the left stifle joint. Both stifle joints present a moderate intracapsular soft tissue swelling. In the craniocaudal view of the stifle joints, a medial buttress is seen.

RADIOGRAPHIC DIAGNOSIS

- Moderate degenerative osteoarthrosis stifle joints bilaterally
- Moderate articular swelling stifle joints bilaterally
- Suspect drill hole cranioproximal aspect of the left tibial tuberosity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is consistent with bilateral chronic degenerative osteoarthritis with concomitant joint effusion of both stifle joints. The most-likely underlying cause is (partial) rupture of the cranial cruciate ligament with or without meniscal disease. The radiolucency in the caudoproximal aspect of the left tibial tuberosity appears to be a drill-hole – check for history of surgical management of cranial cruciate ligament pathology, using an extracapsular technique. If there was no history of surgical intervention at the left stifle joint, a small cartilage core is the most likely differential.

A positive drawer sign or tibial compression test under general anesthesia can be used to confirm the diagnosis.

There is no evidence of aggressive osteolytic bone lesions.

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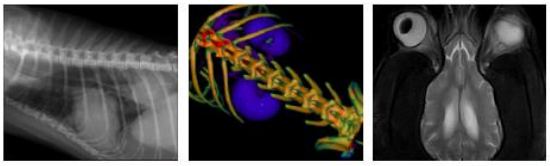

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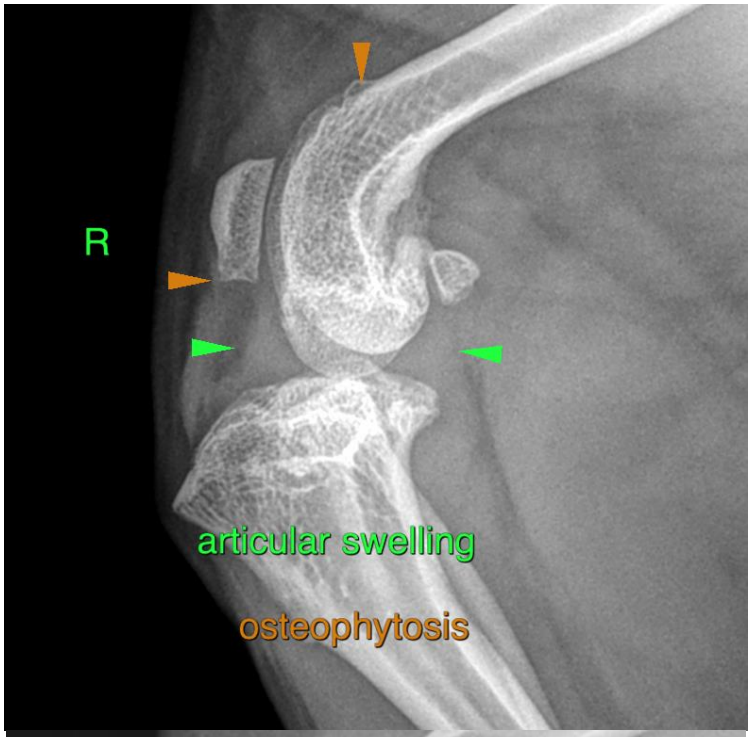

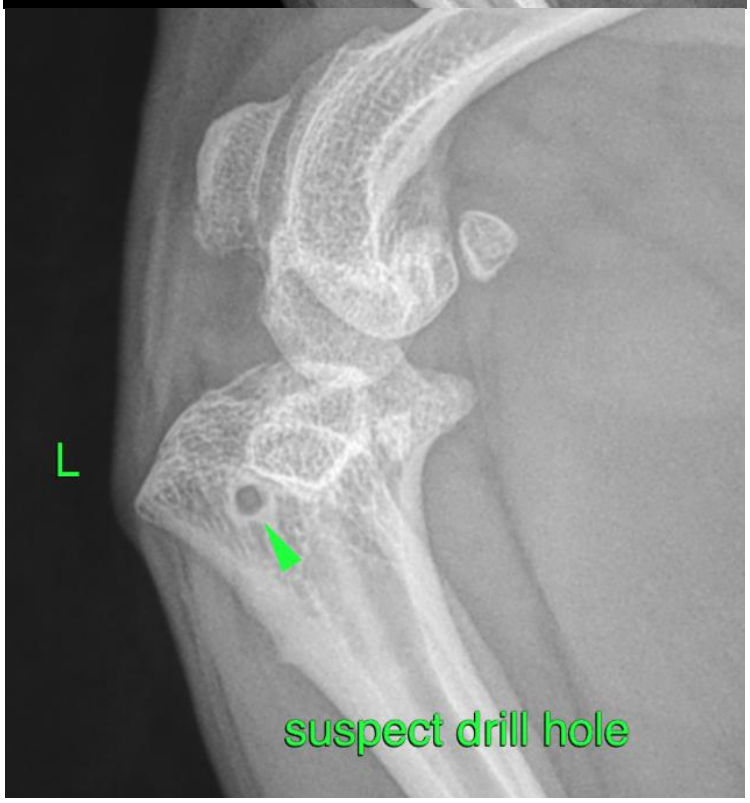

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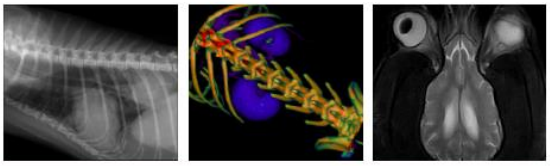

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com