

**PATIENT**

Leah Gardocki

**PRESENTING CLINICAL SIGNS**

Reason for Visit: CHECK BACK L PAW History: P IS A 1Y7M OLD F/S BICHON FRISE MIX PRESENTING TODAY FOR CHECK BACK L PAW. 2 DAYS AGO WAS WALKING BEHIND NEIGHBOR WHO IS HANDICAPPED LET OUT YELP POSS STEPPED ON WAS LIMPING HAS GOTTEN BETTER BUT P CRIES WHEN O TOUCHES L SIDE OF BELLY UNSURE IF RELATED TO TRAUMA.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: MILD-MOD TARTAR Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: GRADE 2 LEFT MPL...VERY PAINFUL / LAME WHEN LUXATES. GRADE 1 RIGHT MPL. NO DRAWER. BCS 6/9 Neurological: N

**BREED**

Bichon Mix

**RADIOGRAPHIC STUDY OF THE LEFT STIFLE JOINT**

Radiographs of the left stifle joint in two orthogonal imaging planes are provided for review.

**SEX**

SF

**RADIOGRAPHIC FINDINGS**

The left stifle joint presents with smooth osseous margins. The left patella is in situ. In the caudoproximal aspect of the tibial tuberosity, a small retained cartilage core is seen. There is no evidence of intracapsular swelling of the left stifle joint.

**AGE**

1 Year, 7 Months

**RADIOGRAPHIC DIAGNOSIS****INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

- Retained cartilage core left tibial tuberosity, associated with higher incidence of medial patellar luxation
- Otherwise normal left stifle joint

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the left stifle joint presents without clinically relevant abnormalities. However, clinically medial patellar luxation has been appreciated – acute on chronic insult might be the source for acute onset of clinical signs.

**REFERRING VET**

Dr. Feldt

**INVOICE**

50091

**DATE**

2-4-22



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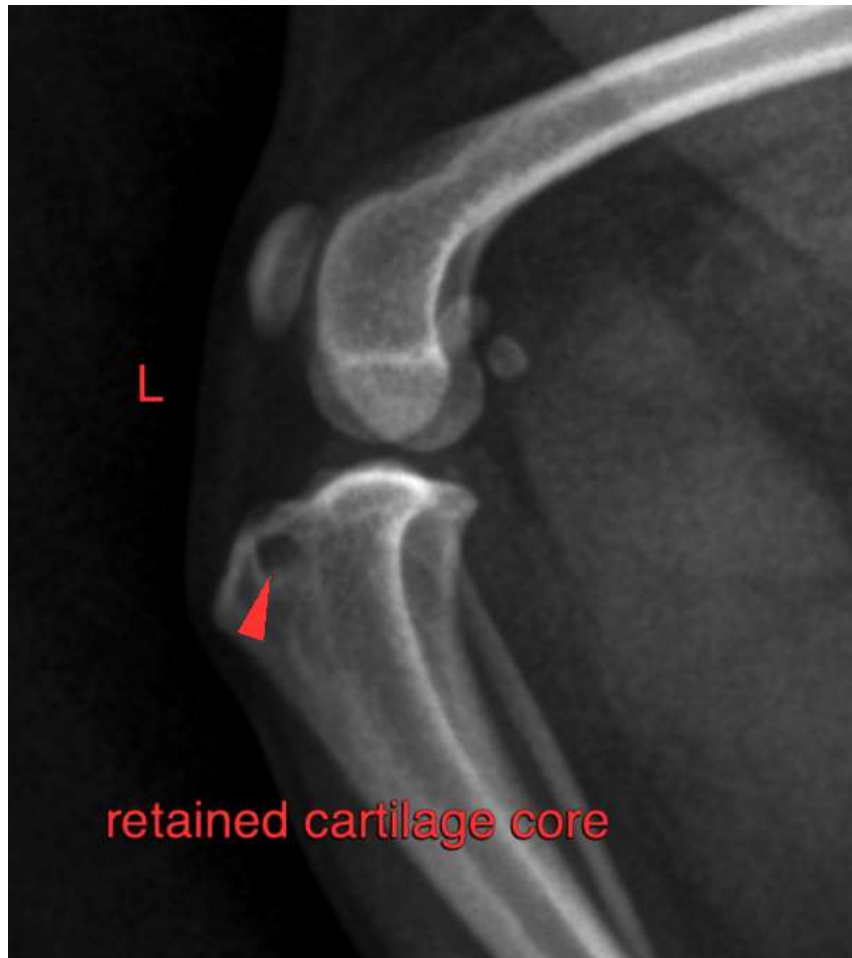
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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