



## PATIENT

Olive Hart

## SPECIES

Canine

## BREED

Australian Cattle Dog

## SEX

Female Spayed

## AGE

8Y

## WEIGHT

19.0kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Ali & Nick

## HOSPITAL NAME

Green Dog Dental and  
Wellness

## REFERRING VET

Dr. Hoh

## INVOICE

74137

## DATE

3-11-26

## PRESENTING CLINICAL SIGNS

VE 2/2/26 -- Chronic right hind limb lameness, recently worsening; reluctant to walk, with increased resting respiratory rate. Normal appetite.

## RADIOGRAPHIC STUDY OF THE THORAX, PELVIS AND STIFLE JOINTS

A complete set of radiographs of the thorax, pelvis and stifle joints is provided for review. Radiographs are provided in JPEG file format.

## 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.

The hepatic volume is increased, the caudoventral hepatic margins are rounded and are protruding caudally beyond the costal arch. The gastric axis is deviated caudally. The hepatic parenchyma has a homogeneous soft tissue opacity.

### Pelvis & Stifle joints

Superimposed on the ventral aspect of the neuroforamen L3/L4, mineral opaque material is appreciated.

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 volume of the soft tissue shadow of the musculature of the musculature of the right hind limb is generalized moderately decreased.

The periarticular bones of the right stifle joint present 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. The right popliteal sesamoid bone is in a relative distal position. Along the medial fabella, an isolated, irregular shaped mineral opaque body is seen.

## RADIOGRAPHIC DIAGNOSIS

- Osteoarthritis right stifle joint
- Articular swelling right stifle joint



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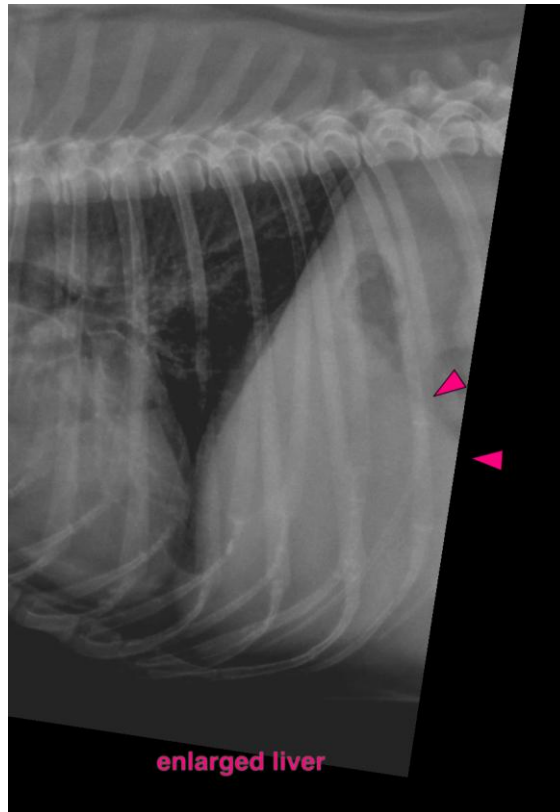
- Metaplasia at the medial aspect of the medial fabella right stifle joint
- Disuse atrophy musculature right hind limb
- Mineral opaque material superimposed on ventral aspect of neuroforamen L3/L4
- Hepatomegaly
- Normal thorax

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of the right stifle joint along with the joint effusion/synovitis is commonly a sequela to underlying 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.

The mineral opaque material superimposed on the neuroforamen L3/L4 can present mineralized disc protrusion, lateral spondylosis formation or dystrophic soft tissue mineralization.

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy ± hepatitis or less likely diffuse neoplastic infiltration. Ultrasound can be used for specification and will allow FNA sampling as advanced minimally invasive diagnostic tool.





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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](mailto:info@sonopath.com)