



**PATIENT PRESENTING CLINICAL SIGNS**

Klyde Kellogg At Comanche vet they told her after the "redneck" xray it looked like his hock had either a fracture or tumor. He chases the cows and horses and at 1st thought he had been kicked but the limp has kept getting worse. He been limping on the L hind. his shoulder also seems sore. He will huff and puff sometimes at night. Prior radiographic report from 2019 \*\* - Right stifle joint distention. Cranial cruciate ligament instability is considered the most common cause. Other potential differentials include other ligamentous instability, meniscal injury, infectious arthropathy, or immune mediated arthropathy. - Suspect left tarsocrural joint distention with osteophyte formation, most compatible with degenerative joint disease/osteoarthritis. Infectious or immune mediated arthropathy cannot be ruled out.\*\*

**SPECIES** Canine

**BREED** Labrador Retriever

Abnormal PE/Chem/CBC/UA Results: Ambulatory X 4, MEDIAL BUTTRESS RIGHT HIND THICKENED LEFT HOCK WITH DECREASED RANGE OF MOTION

**RADIOGRAPHIC STUDY OF THE PELVIS, STIFLE JOINTS AND LEFT TARSAL JOINT**

**SEX** A complete set of radiographs of the pelvis and the stifle joints is provided for review.

**Male RADIOGRAPHIC FINDINGS**

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.

**AGE** 9 Years, 11 Months  
The periarticular bones of the right stifle joint present moderate osteophyte new bone formation and a mild intracapsular soft tissue swelling of the right stifle joint is appreciated. The right tibial plateau is moderately elongated caudally.

**INTERPRETED BY** Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI  
The left stifle joint has smooth osseous margins and there is no evidence of an intracapsular soft tissue swelling of the left stifle joint.

**HOSPITAL NAME** Elizabeth Animal Hospital  
The left tibiotarsal joint presents moderate intracapsular soft tissue swelling with a small (< 1 mm) isolated, mineralized body in the plantaroproximal outpouching of the joint capsule. The periarticular bones of the left talocrural joint present advanced osteophyte new bone formation. In the dorsoplantar view of the left tibiotarsal joint, the medial compartment of the tibiotarsal joint is moderately widened. The medial trochlea ridge of the talus is shallow. Multiple well-defined, rounded osseous bodies are seen at the distal aspect of the left medial malleolus.

**RADIOGRAPHIC DIAGNOSIS**

- REFERRING VET** Kim Allyn, DVM
- Osteochondrosis dissecans (OCD) left tibiotarsal – medial trochlea ridge of the talus
  - Secondary advanced degenerative osteoarthritis left tibiotarsal joint
  - Articular swelling left tibiotarsal joint with osseous metaplasia along the joint capsule
  - Cranial cruciate ligament failure right stifle joint with secondary degenerative osteoarthritis of the right stifle joint and caudal osseous elongation of the right tibial plateau
  - Articular swelling right stifle joint

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE** 3-13-23  
The advanced degenerative joint disease and articular swelling of the left tibiotarsal joint is considered as a sequela to an OCD lesion of the medial trochlear ridge of the talus. The finding can be a source for pain. The appreciated degenerative changes of the left tibiotarsal joint are irreversible and at this point conservative management is considered as the therapy of choice. A synovial tap of the left tibiotarsal



**PATIENT** joint can be used to rule out accompanying arthritis.

Klyde Kellogg The degenerative changes of the right stifle joint indicate chronic failure of the cranial cruciate ligament ± meniscal pathology.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male

**AGE**

9 Years, 11 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**REFERRING VET**

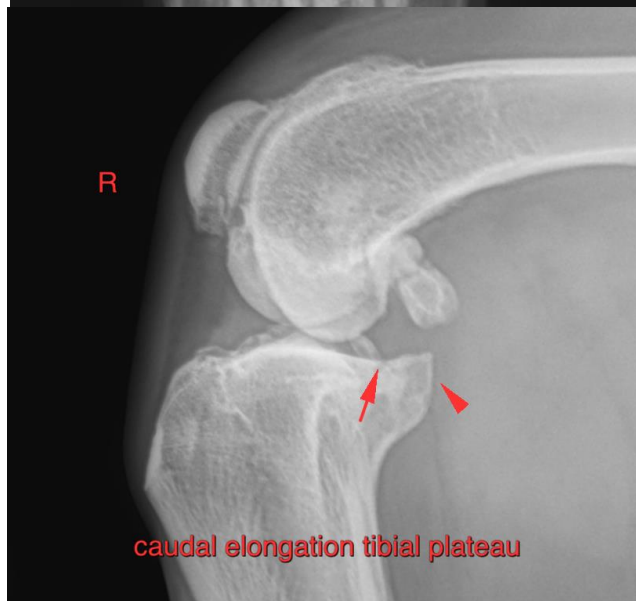
Kim Allyn, DVM

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**PATIENT**

Klyde Kellogg

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.

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

**SEX**

Male

**AGE**

9 Years, 11 Months

**INTERPRETED BY**

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Dr. med. vet. DipECVDI

**HOSPITAL NAME**

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