

**PATIENT**

Pudge Second Chance  
Rescue

**SPECIES**

Canine

**BREED**

Bull Dog Mix

**SEX**

Male Neutered

**AGE**

3 Years, 1 Month

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Surgical  
Center

**REFERRING VET**

Lake Hartwell  
Veterinary Clinic

**INVOICE**

57077

**DATE**

3-6-23

**PRESENTING CLINICAL SIGNS**

Rescue dog, unknown history with intermittent lameness

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

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

**RADIOGRAPHIC FINDINGS**

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

The acetabular groove bilaterally is shallow, and the center of the femoral heads is lateral to the dorsal acetabular rim. The coxofemoral joint space is diverging. The periarticular bones of the coxofemoral joints have smooth osseous margins.

The periarticular bones of both stifle joints present very mild osteophyte new bone formation. Both stifle joints present a mild to moderate intracapsular soft tissue swelling, R>L, distorting the infrapatellar fat pad cranially and the fascial plane caudally.

**RADIOGRAPHIC DIAGNOSIS**

- Articular swelling stifle joints bilaterally, R>L
- Very mild degenerative osteoarthritis stifle joints bilaterally
- Mild hip dysplasia
- Spondylosis deformans lumbosacral junction

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is consistent with bilateral very mild 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.

A positive drawer sign or tibial compression test under general anesthesia can be used to confirm the diagnosis. If there are no signs of instability of the stifle joints, a synovial tap can be performed to rule out arthritis.



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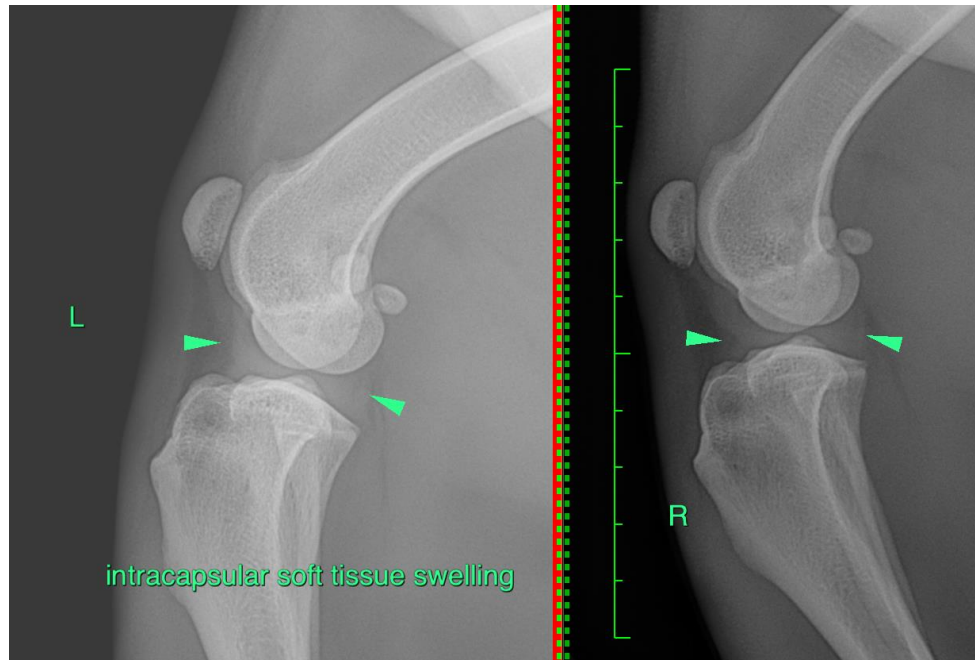
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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