



PATIENT

Darby Dyer/Walls

PRESENTING CLINICAL SIGNS

Presented for intermittent limping on LH. On going for the last 2-3 weeks with minimal improvement. P occasionally bunny hops. P is currently on cosequin
 Abnormal PE/Chem/CBC/UA Results: Grade II/IV lameness on LH. Slightly reactive to flexion/extension of stifle and will not place foot down immediately after manipulation. Grade III/IV MPL on LH stifle, with moderate laxity and suspect cranial drawer (P tense during exam, no sedation used)

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

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

BREED

Scottish Terrier

RADIOGRAPHIC FINDINGS

SEX

FS

Both stifle joints present moderate osteophyte new bone formation. The tibial plateau of the left tibia presents mild caudal osseous elongation.

The left stifle joint presents a moderate intracapsular soft tissue swelling. The right stifle joint presents a mild intracapsular swelling.

AGE

6.4

RADIOGRAPHIC DIAGNOSIS

- Degenerative osteoarthritis stifle joints bilaterally
- Mild to moderate articular swelling stifle joints, L>R
- Suspect mild caudal elongation of the left tibial plateau

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study is consistent with bilateral chronic degenerative osteoarthritis with concomitant joint effusion, L>R. The most-likely underlying cause is (partial) rupture of the cranial cruciate ligament with or without meniscal disease and the diagnosis would be supported by the caudal osseous remodeling of the left tibial plateau.

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

HOSPITAL NAME

Boca Park Animal Hospital

REFERRING VET

Ashman

INVOICE

50821

DATE

3-8-22



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SEX

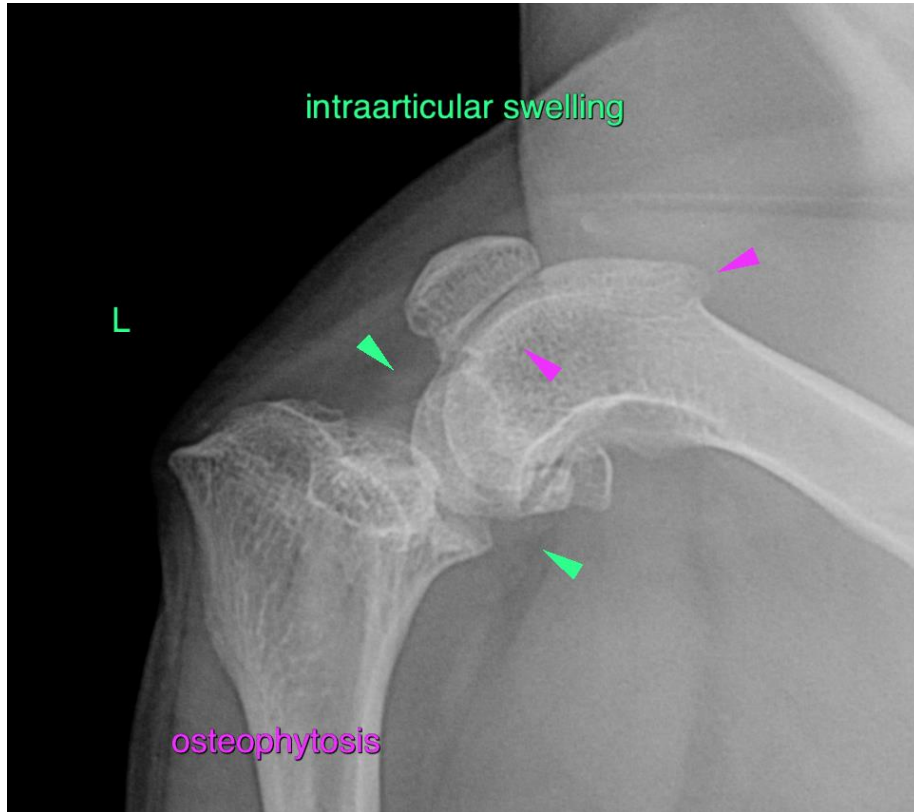
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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