



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Isabelle Kobelnyk **PRESENTING CLINICAL SIGNS** History: Approx 6 mo history of progressive lameness on L stifle. Patient prefers not to walk much on hind end. Dragging most of the time. e.

SPECIES Abnormal PE/Chem/CBC/UA Results: Painful on manipulation and extension of L stifle, thickened. Cannot palpate any instability or patellar luxation. Mildly elevated ALT (194 U/L) and Canine hyperglobulinemia (4.6 g/dl) on BW with no further abnormalities. Concern on radiographs that L stifle looks increasingly osteolytic compared to Sept images with increased degenerative change. R/o osteomyelitis, neoplasia.

BREED RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

BREED Maltese **RADIOGRAPHIC STUDY OF THE STIFLE JOINTS** A consecutive phs of the stifle joints in two orthogonal imaging planes are provided for review. Radiographs are provided in JPEG file format.

SEX RADIOGRAPHIC FINDINGS

SEX Spayed Female **RADIOGRAPHIC FINDINGS** The volume of the soft tissue shadow of the left thigh musculature is moderately decreased.

AGE 7 Pounds **AGE** The periarticular bones of the left stifle joint present moderate progressive osteophyte new bone formation. The left stifle joint presents with a marked progressive intracapsular soft tissue swelling. The osseous structures of the left hind limb present a progressive decreased radiopacity of the osseous structures.

INTERPRETED BY RADIOGRAPHIC DIAGNOSIS

INTERPRETED BY Sebastian Schaub, DVM Dr. med. vet. DipECVDI **RADIOGRAPHIC DIAGNOSIS**

- Marked articular swelling left stifle joint
- Moderate degenerative osteoarthritis left stifle joint
- Dynamic medial patellar luxation left stifle joint in the initial radiographic study
- Disuse atrophy left thigh musculature

HOSPITAL NAME INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME Ruidoso AC **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS** The main finding is the significant progressive articular swelling of the left stifle joint and progressive disuse atrophy of the musculature and osseous structures. Rule out pathology of the cranial cruciate ligament ± meniscal pathology versus inflammatory arthritis (e.g., immune mediated), infectious arthritis or neoplastic origin (e.g., sarcoma). The decreased radiopacity of the osseous structures of the left hind limb – most accentuated of the femoral condyles – is considered as a sequela to osteopenia and atrophy of the musculature of the left hind limb secondary to inactivity rather than osteolytic lesions.

REFERRING VET Sarah Botkin **INVOICE** 14780 **REFERRING VET** Sarah Botkin **INVOICE** 14780 If not done so yet, recommend a synovial that might be complemented by biopsy of the synovial capsule if applicable. Check for instability of the left stifle joint under general anesthesia as well.

DATE 4/15/22



PATIENT

Isabelle Kobelnyk

SPECIES

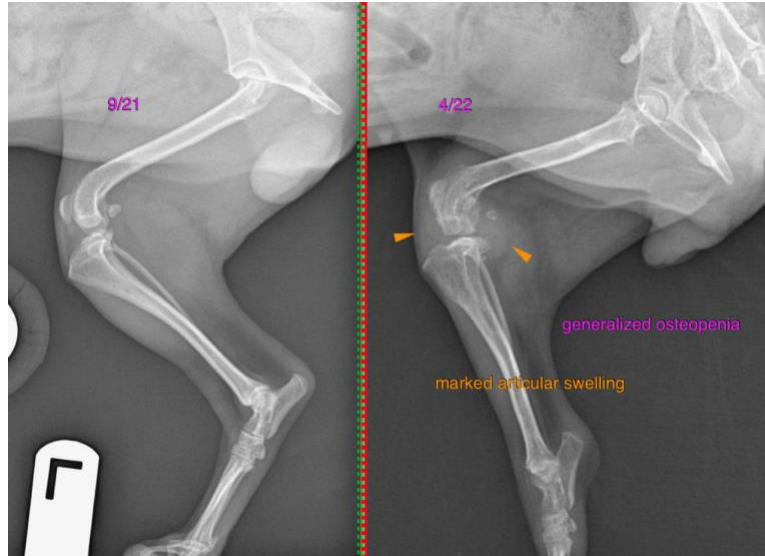
Canine

BREED

Maltese

SEX

Spayed Female



AGE

7 Pounds

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.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDDI

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

HOSPITAL NAME

Ruidoso AC

REFERRING VET

Sarah Botkin

INVOICE

14780

DATE

4/15/22