



**PATIENT**

Wyatt Mckinney

**PRESENTING CLINICAL SIGNS**

Reason for Visit: lethargic and not eating History: wyatt 5 year old pitbull n/m. presenting today for lethargic and not acting right since tuesday. friday night is when o noticed limping. today p not weight bearing at all. on and off eating since tuesday. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Tacky MM, mild dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 3. LH: grade 5/5 lameness, thickened stifle, painful on stifle manipulation, no cranial drawer or tibial thrust present. Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: QAR Hydration: N  
Abnormal PE/Chem/CBC/UA Results: CBC: RETIC-HGB 20.2 (22.3-29.6), WBC 4.01 (5.05-16.76), NEU 1.51 (2.95-11.64), band suspected, PLT 140 (148-484) 2) CHEM: PHOS 2.2 (2.5-6.8), GLOB 4.9 (2.5-4.5)

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

NM

**RADIOGRAPHIC STUDY OF THE LEFT STIFLE JOINT**

Radiographs of the left stifle joint in two imaging planes are provided for review.

**AGE**

5.5 Years

**RADIOGRAPHIC FINDINGS**

The periarticular bones of the left stifle joint present moderate osteophyte new bone formation and a moderate intracapsular soft tissue swelling of the left stifle joint is appreciated.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**RADIOGRAPHIC DIAGNOSIS**

- Articular swelling left stifle joint
- Moderate degenerative osteoarthritis left stifle joint

**HOSPITAL NAME**

DPC Veterinary Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is consistent with chronic degenerative osteoarthritis with concomitant joint effusion of the left stifle joint. The most-likely underlying cause is (partial) rupture of the cranial cruciate ligament with or without meniscal disease. Acute on chronic insult may have exacerbated clinical signs. Other potentials for the joint effusion are immune mediated or infectious arthritis – a synovial tap can be used to rule in/out primary inflammatory origin of the effusion completely.

**REFERRING VET**

Dr. Rivera

**INVOICE**

51564

**DATE**

4-17-22



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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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