



## PATIENT

Maddy Maeck

## SPECIES

Canine

## BREED

Havanese

## SEX

Female

## AGE

10

## WEIGHT

9.5kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Emma Gordon

## HOSPITAL NAME

Bay City Animal  
Hospital

## REFERRING VET

Christina Karkanis

## INVOICE

74767

## DATE

4-27-26

## PRESENTING CLINICAL SIGNS

Has been limping on right stifle mostly after getting up for around two months. Seems better after a few strides but when running full out will hold it up.

## RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

Radiographs of the right stifle joint in two orthogonal image planes and the left stifle joint in a craniocaudal view are provided for review.

## RADIOGRAPHIC FINDINGS

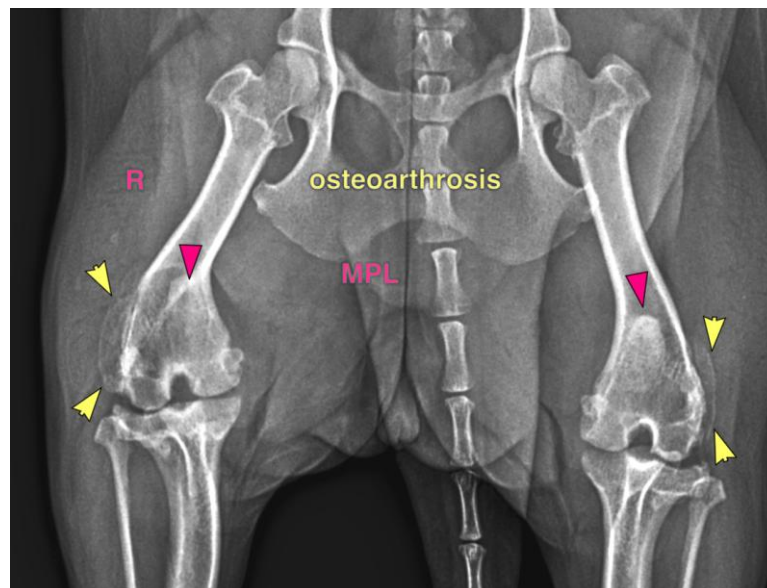
The periarticular bones of both stifle joints present moderate osteophyte new bone formation. The patella of both stifle joints is in a medial position – superimposed on the medial femoral condyle. The right stifle joint presents a mild to moderate intracapsular soft tissue swelling, effacing the infrapatellar fat pad cranially and distorting the fascial plane caudally.

## RADIOGRAPHIC DIAGNOSIS

- Osteoarthritis stifle joint bilaterally
- Articular soft tissue swelling right stifle joint
- Medial patellar luxation bilaterally

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of the stifle joints is commonly a sequela to pathology of the cranial cruciate ligament ± meniscal pathology. Given the patient's age, the clinical relevance of the patellar luxation is unclear as it has likely been present its entire life. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis of pathology of the cranial cruciate ligament – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.





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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  
[info@sonopath.com](mailto:info@sonopath.com)