



**PATIENT**

Poopers Ransopher

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female Spayed

**AGE**

9.3 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Boca Park Animal  
Hospital

**REFERRING VET**

Tifanie Silver

**INVOICE**

52021

**DATE**

5-9-22

**PRESENTING CLINICAL SIGNS**

P presented for routine dental cleaning - O noted some decrease in activity and would like an evaluation of the hindlimbs for possible arthritis

Abnormal PE/Chem/CBC/UA Results: - Increase in BUN, Renal Tech Predictive Algorithm is positive for renal disease development - Increased ALT (abdominal imaging for liver evaluation): 125/100 - Ca+ 11.0/10.8 - Trace proteinuria and 1.020 USG noted on UA - Decreased range of motion on extension of hindlimbs bilaterally - Mild discomfort on palpation of the dorsal hips

**RADIOGRAPHIC STUDY OF THE ABDOMEN, PELVIS AND STIFLE**

A ventrodorsal view of the abdomen and pelvis and mediolateral projections of the stifle joints are provided for review.

**RADIOGRAPHIC FINDINGS**

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

The colon is seen in the expected position and presents with appropriate content.

The base of the left transverse process of L7 presents a mild heterogeneous density.

Protruding from the left ischial tubercle, an exostosis is appreciated.

Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

The volume of the thigh musculature bilaterally is moderately decreased.

Both stifle joints present smooth osseous margins. The left stifle joint presents a moderate intracapsular soft tissue swelling and a roundish mineralized body is superimposed on the cranial compartment of the left stifle joint. The right stifle joint presents no evidence of intracapsular soft tissue swelling.

Both talocrural joints present moderate osteophyte new bone formation and evidence of moderate intracapsular soft tissue swelling.



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**RADIOGRAPHIC DIAGNOSIS**

- Articular swelling left stifle joint and potential meniscal mineralization left stifle joint
- Degenerative osteoarthritis talocrural joints bilaterally
- Articular swelling tibiotarsal joints bilaterally
- Heterogeneous osseous structure base of left transverse process L7
- Exostosis left ischial tubercle – suspect preceding traumatic insult
- Normal coxofemoral joints

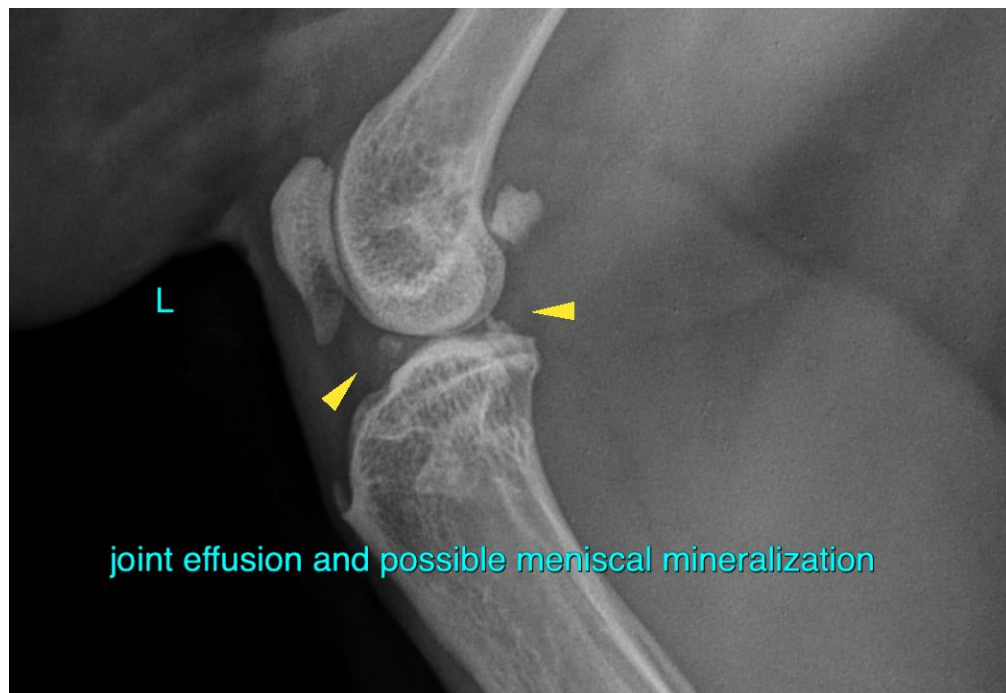
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

In the VD view, no overt abnormalities of the abdomen are appreciated – be aware that lesions might be missed in a single imaging plane.

The left stifle joint presents evidence of mild joint effusion and in combination with the suspected meniscal mineralization underlying pathology of the cranial cruciate ligament is a consideration.

Both tarsal joints present with degenerative joint disease and joint effusion as well – rule out degenerative effusion versus inflammatory/infectious arthritis.

The heterogeneity of the left transverse process of L7 might can be a sequela to preceding trauma, rule out neoplastic transformation.





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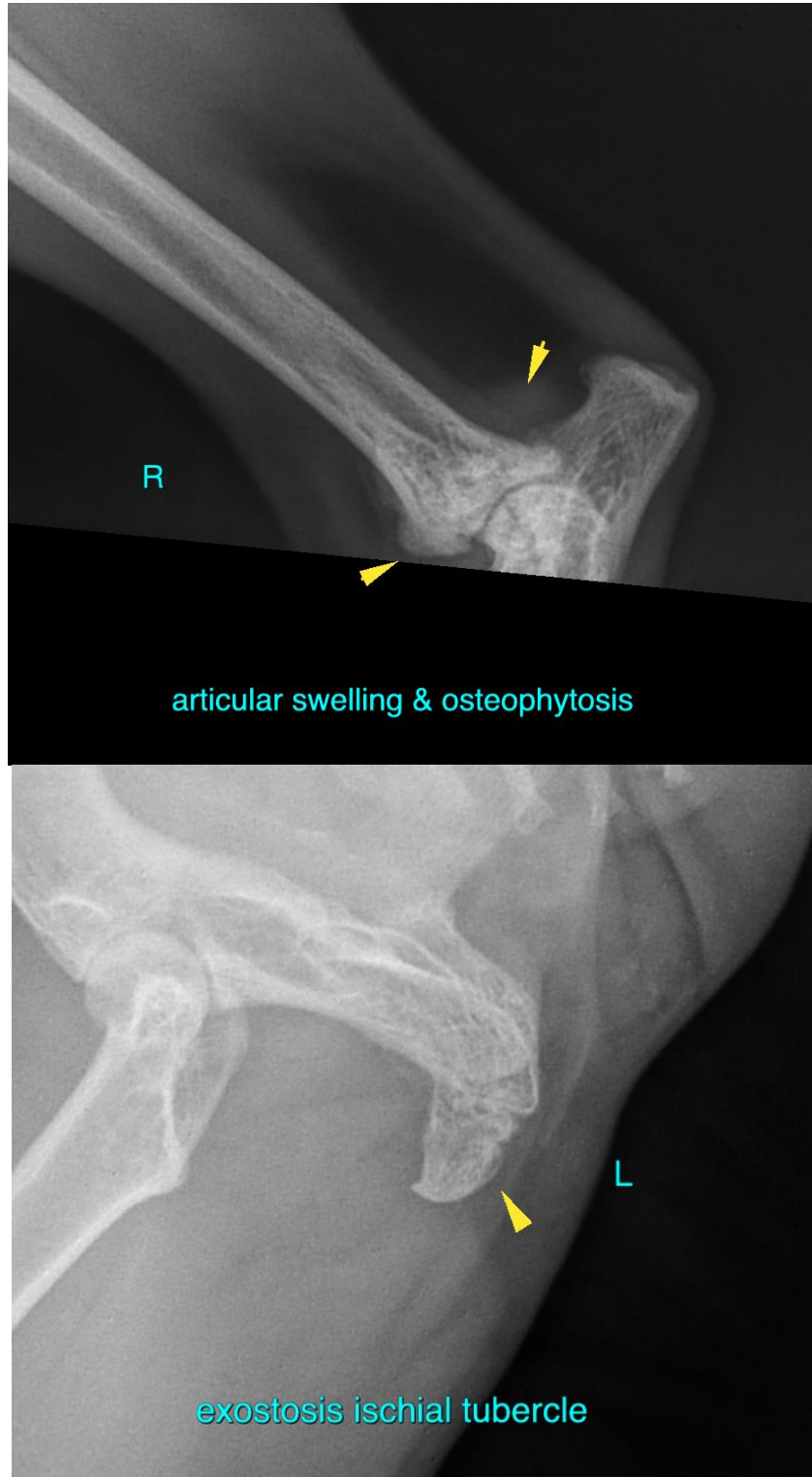
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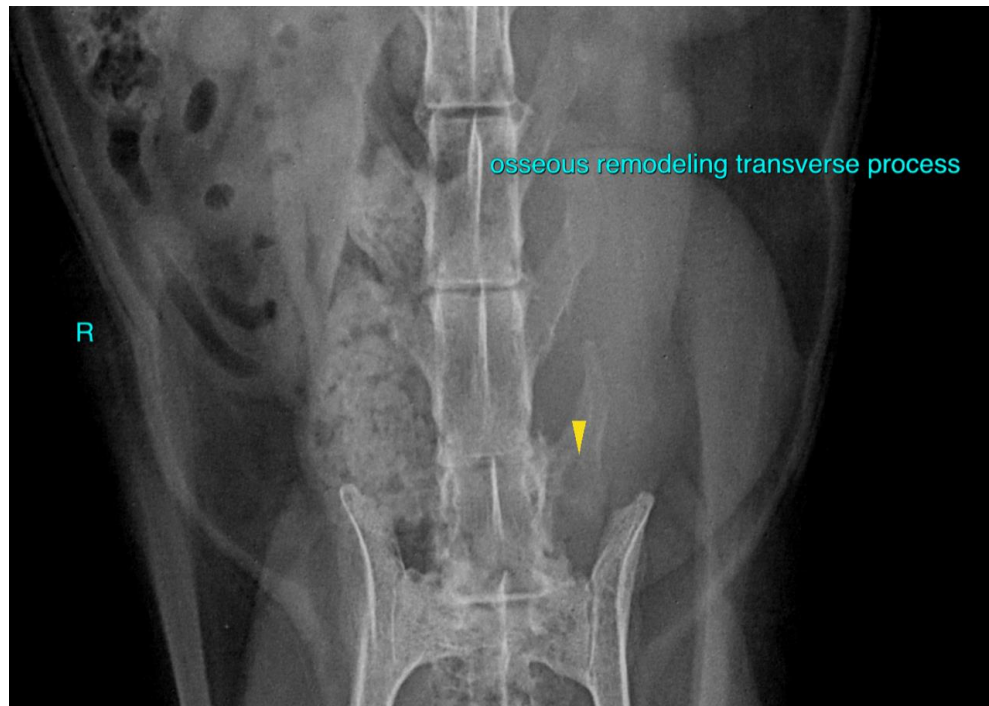
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com