



PATIENT

Jessica Tannous

PRESENTING CLINICAL SIGNS

has TPLO on left stifle 8 weeks ago in another clinic , she is on NSAID , Gabapentin , Tramadol on/off , is not doing well last 2 days , not eating since yester day , acting very wired
Abnormal PE/Chem/CBC/UA Results: QAR, in pain , shaking and not putting full weight on the LHL, Bloodwork including SNAP CPLI WNL , X-ray from the previous clinic was sent after the TPLO and also today's Xray , she is on IVF and supportive medication for few hours in the clinic today.

SPECIES

K9

RADIOGRAPHIC STUDY OF THE STIFLE JOINTS

BREED

Bulldog, English

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

RADIOGRAPHIC FINDINGS

The volume of the soft tissue shadow of the left thigh musculature is moderately decreased.

SEX

SF

In comparison to the preceding radiographic studies of the left stifle joint, the periarticular bones present progressive osteophyte new bone formation. There is a stationary intracapsular soft tissue swelling, distorting the infrapatellar fat-pad cranially and the fascial plane caudally. The osteotomy is filled with osseous material and mild to moderate smooth callus formation is appreciated at the lateral aspect of the osteotomy. The proximal and distal hole of the TPLO plate are empty. The TPLO implant is reactionless in place.

AGE

5

Multiple small metal opaque surgical clips are seen caudal to the proximal tibia.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

RADIOGRAPHIC DIAGNOSIS

- History of cranial cruciate ligament repair by TPLO, the osteotomy is in the transition between reparation and remodeling phase
- Progressive moderate degenerative osteoarthritis left stifle joint
- Moderate articular swelling left stifle joint, stationary
- Disuse atrophy left thigh musculature

HOSPITAL NAME

Lakeshore Woods
Animal Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic changes of the stifle joint are considered as the expected changes after cranial cruciate ligament repair by TPLO. There is no radiographic sign for implant infection or osteomyelitis of the osteotomy or evidence of enlargement of the left popliteal lymph node indicating local infection. However, to rule out purulent arthritis, a synovial tap can be considered.. Meniscal injury might also be a source for deterioration of clinical signs. Removing the TPLOL implant in 2-4 weeks appears beneficial as well.

REFERRING VET

Dr. Masoud

INVOICE

52402

DATE

6-10-22



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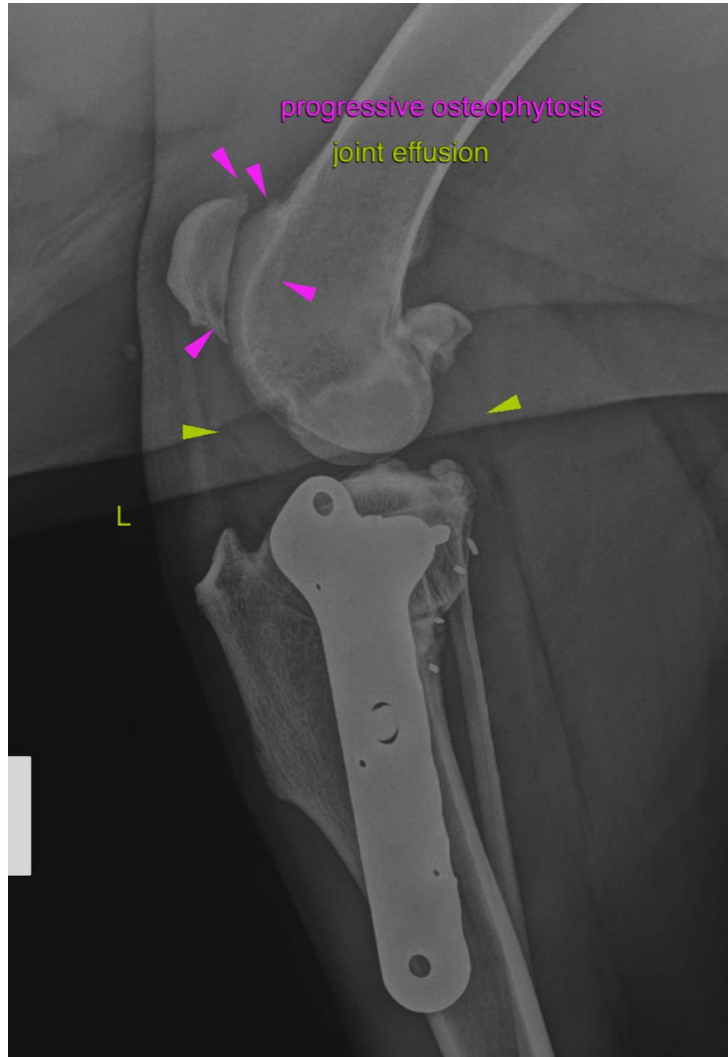
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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