



PATIENT

Daisy Smith

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

8Y

WEIGHT

87lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

75286

DATE

6-3-26

PRESENTING CLINICAL SIGNS

Started limping on right hind leg about 2 weeks ago. Improved after starting some Rimadyl but started limping again a few days later.

Abnormal PE/Chem/CBC/UA Results: PE: Musculoskeletal: 3/5 lame on the right hind with medial buttress, joint effusion, and drawer in the right stifle; offloading to the other side when standing Labs pending

RADIOGRAPHIC STUDY OF THE THORAX, PELVIS AND STIFLE JOINTS

Radiographs of the thorax in three imaging planes and the pelvis & stifle joints in orthogonal image planes are provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The vertebral endplates T3/T4 present mild spondylosis formation. The costochondral junction along all ribs presents variable degree of degenerative changes.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape; there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Pelvis

Both coxofemoral joints present moderate (left) to advanced (right) osteophyte new bone formation. The acetabular groove bilaterally is shallow, and the center of the femoral heads is level with the dorsal acetabular rim. The joint space of the coxofemoral joints is mildly diverging medially. The right iliac wing presents a coarse trabecular pattern in comparison to the left iliac wing – considered as a sequela to superimposed intestinal structures.

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

The periarticular bones of the right stifle joint present mild osteophyte new bone formation. The right stifle joint reveals a moderate intracapsular soft tissue swelling, effacing the infrapatellar fat pad cranially and distorting the fascial plane caudally.

The left stifle joint has smooth margins of the periarticular bones and reveals no pathological enlargement of the intracapsular soft tissue shadow.



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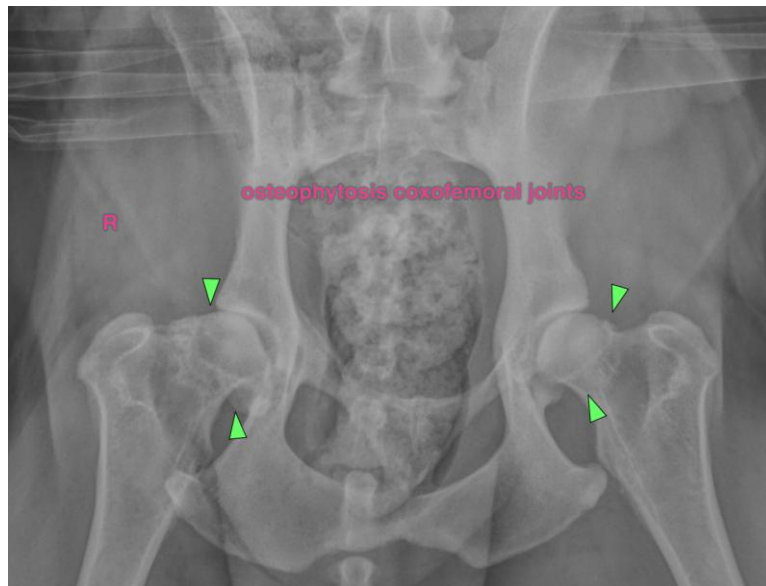
RADIOGRAPHIC DIAGNOSIS

- Osteoarthritis right stifle joint
- Articular soft tissue swelling right stifle joint
- Osteoarthritis coxofemoral joints due to hip dysplasia, R>L
- Disuse atrophy musculature right hind limb
- Normal thorax, but spondylosis deformans T3/T4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease along with joint effusion ± synovitis of the right stifle joint is likely the clinically most relevant finding, pathology of the cranial cruciate ligament ± meniscal pathology is the most common underlying cause and a likely explanation for the right hind limb lameness. A positive drawer sign or tibial compression test under general anesthesia will support the diagnosis – partial rupture of the cranial cruciate ligament and potential thickening of the synovial capsule can result in only mild instability.

The degenerative joint disease of the coxofemoral joints may or may not contribute to the hind limb lameness as well.





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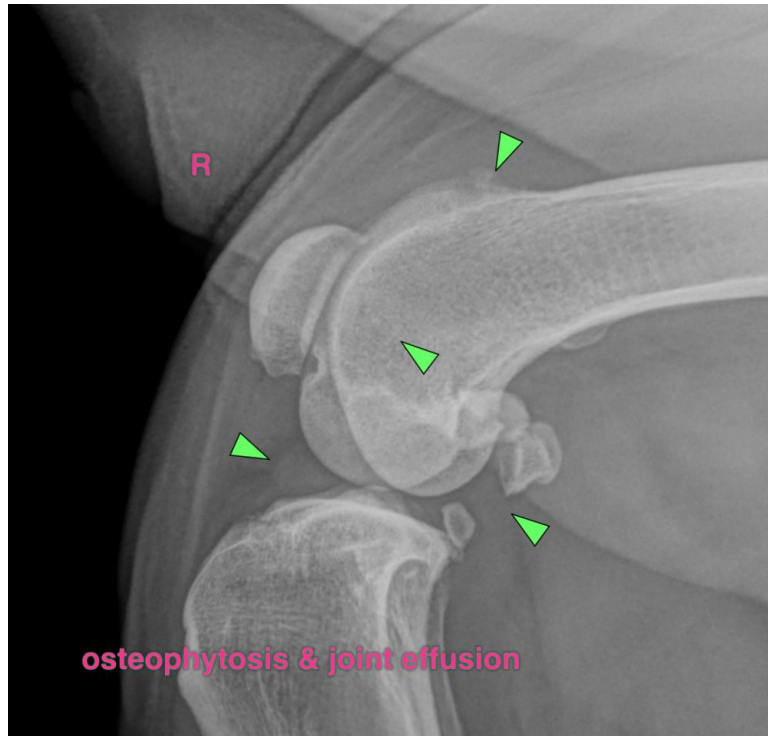
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com