

**PATIENT**

Sadie Mallett

PRESENTING CLINICAL SIGNS

p presented for acute NWB lameness RH. No known trauma, but p is very active and likes to sprint and leap.

Abnormal PE/Chem/CBC/UA Results: PE: NWB lame R hind, hesitant on R hip extension and R stifle flexion, palpable R stifle effusion. Sedated exam- R stifle cranial instability with substantial click with movement. Grade 1-2/6 left apical systolic murmur. Rest of PE including rest of ortho exam NSF. CBC WNL, chem- mild chronic increase ALP

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE RIGHT STIFLE JOINTS**BREED**

Terrier Mix

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

RADIOGRAPHIC FINDINGS

Both stifle joints present smooth osseous margins. The right stifle joint presents moderate intracapsular soft tissue swelling, effacing the infrapatellar fat-pad cranially and distorting the fascial plane caudally. Although there is only limited flexion of the right stifle joint, moderate cranial subluxation of the tibia is appreciated.

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The left stifle joint presents without signs of intracapsular swelling.

AGE

11 Years

RADIOGRAPHIC DIAGNOSIS

- Mild to moderate articular swelling right stifle joint
- Suspect right sided cranial tibial subluxation

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study in combination with the clinical findings is consistent with failure of the cranial cruciate ligament of the right stifle joint ± meniscal pathology. There are no signs for overt degenerative joint disease.

HOSPITAL NAME

Northshore
Veterinary Hospital

REFERRING VET

Karla Schultz

INVOICE

53811

DATE

8-30-22



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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
sebast.schaub@gmail.com