



**PATIENT PRESENTING CLINICAL SIGNS**

**Shanti Fumero** History: Chief Complaint: RH Limp History: P presents for limping on RH. O states its been going on for about 4-6 months now, no improvement. O has had P on Rimadyl since June 2020. June 2020 P had possible ACL tear on LEFT HIND. P is not bearing weight on Right Hind

**SPECIES**

Canine

**BREED**

Pitbull Mix

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: WEIGHT BEARING TO TOE TOUCHING RIGHT REAR. MEDIAL BUTTRESS BOTH STIFLES. UNABLE TO GET DRAWER IN EITHER STIFLE. PAIN ON EXT OF RIGHT STIFLE Neurological: N Diagnostic Testing Needed: SEDATION W/0.4ML DEXDOMITOR/0.8 ML TORB IM, GAVE AN ADDITIONAL 0.2ML DEXDOMITOR IV EXAM WHILE UNDER SEDATION - POSITIVE DRAWER AND MENISCAL CLICK RIGHT STIFLE, NO DRAWER LEFT STIFLE. X-RAYS VD PELVIS, LATERAL EACH STIFLE - COMPRESSION OF FAT PADS BILATERALLY BILATERAL HIP DYSPLASIA/DJD (R>>L)

**SEX**

Spayed Female

**RADIOGRAPHIC STUDY OF THE PELVIS AND STIFLE JOINTS**

A ventrodorsal view of the pelvis and mediolateral and craniocaudal projection of the stifle joints are provided for review. No side marker is present at the VD projection of the pelvis, the right side of the images is considered as the left side of the patient and vice versa.

**AGE**

6 Years 8 Months

**RADIOGRAPHIC FINDINGS**

Both coxofemoral joints present moderate osteophyte new bone formation, right>left. The acetabular groove bilaterally is shallow and the center of the femoral heads is located lateral to the dorsal acetabular rim. The joint space of both coxofemoral joints is incongruent, right>left.

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

The volume of the right thigh musculature is mildly decreased.

The periarticular bones of the stifle joints bilaterally present moderate osteophyte new bone formation, right>left. A moderate intracapsular soft tissue swelling of the stifle joints is seen, right>left, distorting the infrapatellar fat pad and displacing the fascial plane caudally. Mild cranial subluxation of the left tibia is present.

**HOSPITAL NAME**

DPC Veterinary H

**RADIOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. Feldt

- Degenerative osteoarthritis stifle joints bilaterally
- Moderate articular swelling stifle joints bilaterally
- Cranial subluxation left tibia
- Mild disuse atrophy right thigh musculature
- Moderate degenerative osteoarthritis coxofemoral joints due to hip dysplasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study is consistent with bilateral chronic degenerative osteoarthritis with concomitant joint effusion of both stifle joints. The most-likely underlying cause is (partial) rupture of the cranial cruciate ligament with or without meniscal disease.

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A positive drawer sign or tibial compression test under general anesthesia can be used to confirm the diagnosis and surgical intervention – a correction osteotomy technique would be ideal – of the



**PATIENT** clinically more conspicuous right stifle joint is recommended. Surgical intervention of the left stifle joint may be considered as well after the post-operative recovery phase.

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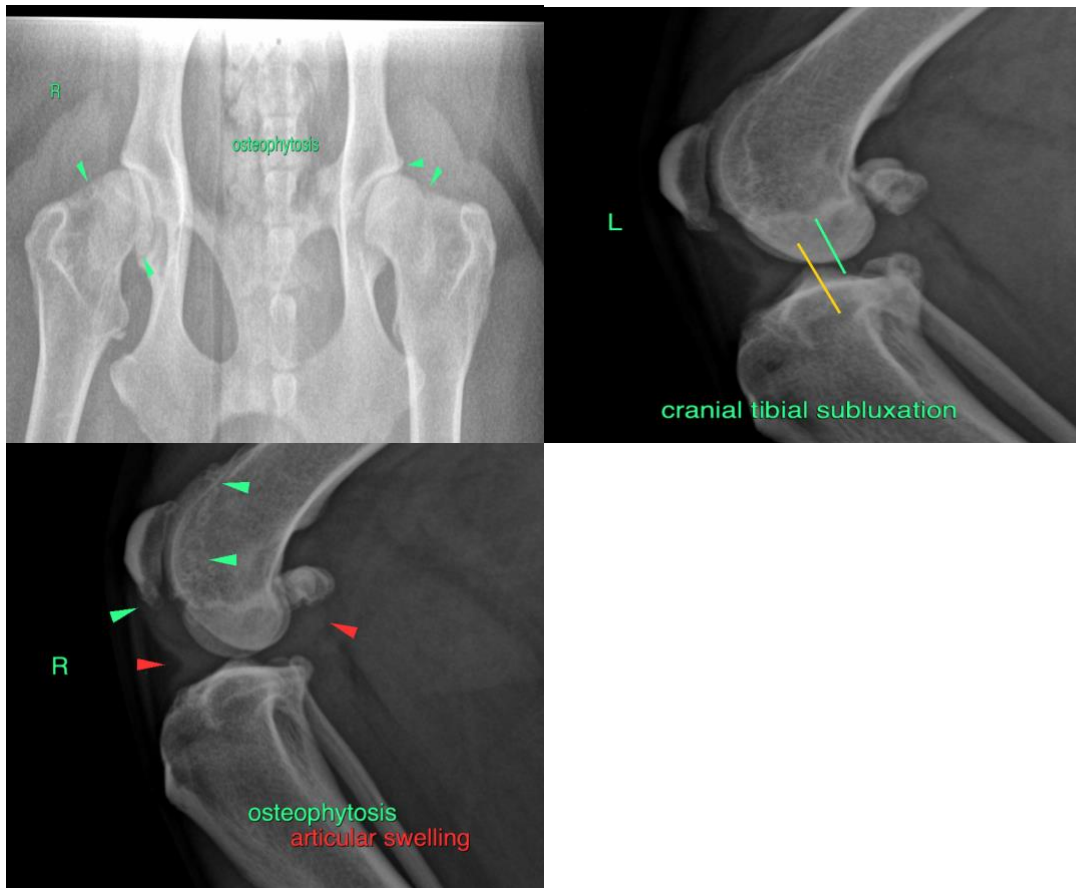
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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