



**PATIENT**

Pinky Stearns

**PRESENTING CLINICAL SIGNS**

P fell off a bed this morning and is now only toe-touching on the RR leg. There is laxity and a moderate drawer in the stifle. No clicking, luxation etc noted. All other clinical parameters are wnl.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE STIFLE JOINTS**

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

**BREED**

Bulldog

**RADIOGRAPHIC FINDINGS**

The growth plates are age related open.

In comparison to the contralateral stifle joint, the medial aspect of the proximal epiphysis of the tibia is mildly widened without signs of soft tissue swelling. A fissure line is running through the caudomedial aspect of the proximal metaphysis of the right tibia. Mild heterogeneous mineralization of the physis of the apophysis is seen – likely normal. There is no evidence of pathological intracapsular swelling of the right stifle joint.

**SEX**

F

**RADIOGRAPHIC DIAGNOSIS**

- Equivocal mild widening medial aspect right proximal physis and fissure line caudomedial aspect proximal metaphysis right tibia.

**AGE**

6 Months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the right stifle joint presents evidence of a non-displaced Salter Harries Type II or IV fracture or the medial tibial condyle. Carefully stressed radiographs of the right stifle joint under general anesthesia can be used to check for instability of the physis, warranting surgical management. Depending on development of clinical signs under conservative therapy follow up radiographs in 1 week might be considered alternatively.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

The Pet Hospital of  
Stratford

**REFERRING VET**

Dr. David

**INVOICE**

54314

**DATE**

9-27-22





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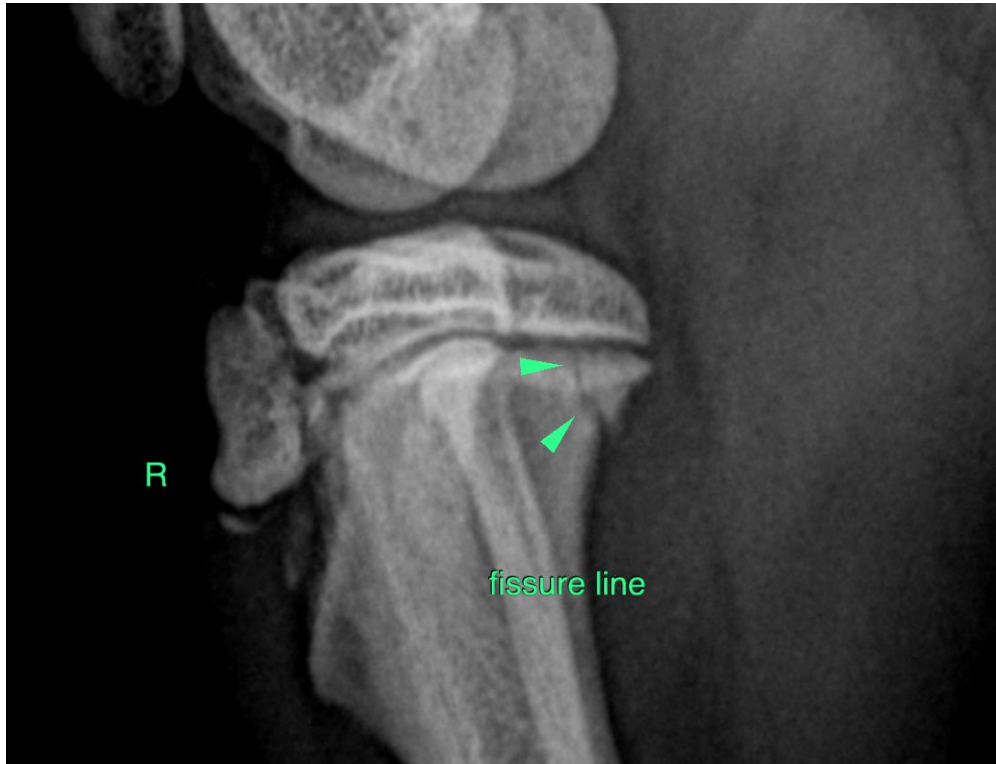
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
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