



PATIENT PRESENTING CLINICAL SIGNS

Layka Martinez 6yr old SF labrador retriever presented today to discuss mobility and skin. 10/2022, diagnosed R RACL - recommended TPLO but owner was going to be out of town - went home with Rimadyl and Gabapentin to keep P comfortable until owner was able to do surgery. Owner says P is doing good at home, cleans ears at home, seems less itchy but armpits sometimes bother her.

SPECIES

Canine

BREED

Labrador Retriever

SEX

SF

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AD. AS: mild to moderate black exudate, erythema and swelling. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4. RH: thickened stifle, moderate muscle atrophy, + cranial drawer sign and tibial thrust. Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Mild lichenification, thinning hair coat and hyperpigmentation on L armpit, ventral abdomen and perianal. ~2cm, firm, non-attached raised, dermal neoplasia L armpit. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N

RADIOGRAPHIC STUDY OF PELVIS AND RIGHT PELVIC LIMB

Orthogonal views of the pelvis and right pelvic limb are provided for review totaling 2 images.

AGE

6 Years

RADIOGRAPHIC FINDINGS

There is a decrease in muscle mass of the right pelvic limb.

The synovial soft tissues of right stifle joint are increased in volume, extending caudally, medially, and cranially from normal margins, and is compressing the caudal 30-40% of the infrapatellar fat pad. The proximal tibia is cranially translocated in relation to the distal femur.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

Mild to moderate periarticular ossification is seen at the margins of the right patella and femoral trochlear ridges.

On the VD view, the patellae are seen in the plane of the lateral condyle of the respective femur.

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Cranially adjacent to the greater trochanter of the right femur is a rounded small osseous body.

The coverage of the femoral heads by the respective dorsal acetabular margin is approximately 50% (ref: >50%) on both sides.

REFERRING VET

Dr. Rivera

Otherwise, the coxofemoral joints and pelvis are normal.

The collimated right sided tarsocrural joint is normal.

No other abnormalities are identified.

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RADIOGRAPHIC DIAGNOSIS

- Right stifle joint effusion, mild to moderate secondary osteoarthritis, and subluxation are consistent with partial tear or complete rupture of the cranial cruciate ligament. Differential diagnosis includes inflammatory joint effusion.
- Mineralizing right middle gluteal tendinopathy, differential diagnosis: osteochondroma.

DATE

1-24-23



- PATIENT**
- Moderate right pelvic limb muscle atrophy.
 - Positional artifact of the patellae.

Layka Martinez

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SPECIES

Canine

The radiographic findings of the right stifle joint are correlated to orthopedical physical exam findings of positive drawer movement and indicates a partial tear or complete rupture of the cranial cruciate ligament. Surgical approach is suggested.

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The right middle gluteal mineralizing tendinopathy could be incidental or correlated to the continuous strain on the tendon/muscle.

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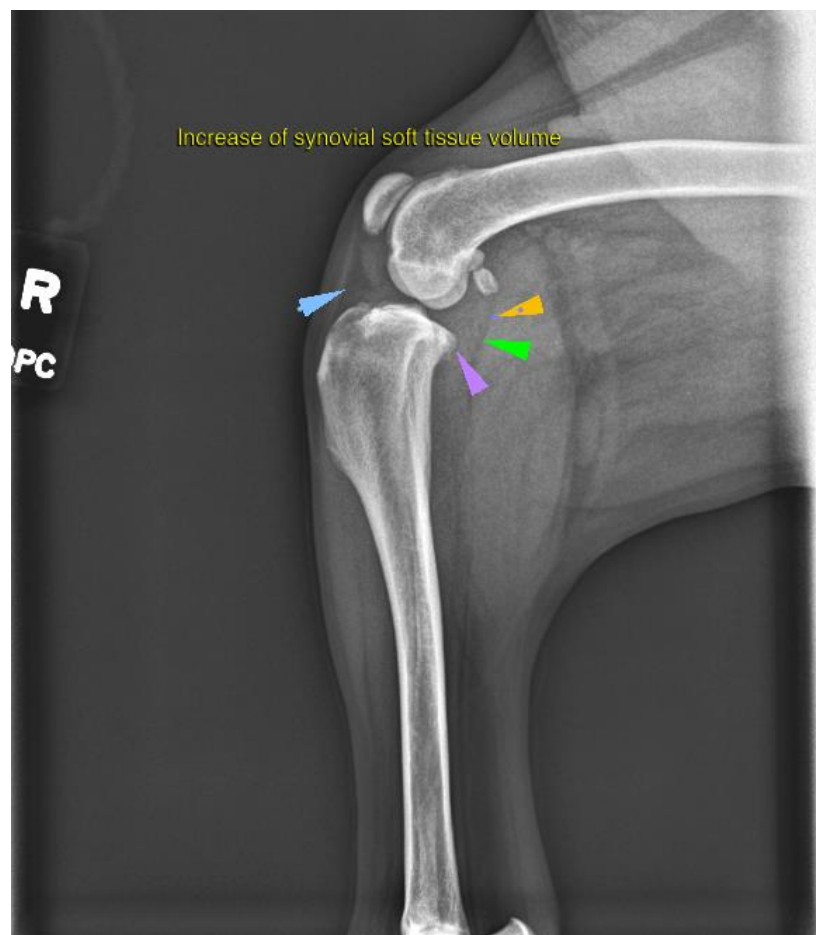
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Rivera

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com

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