



## PATIENT

Roy Alothman

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Intact Male

## AGE

8

## WEIGHT

50kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Chris Papantonio

## HOSPITAL NAME

Colyton Veterinary  
Hospital

## REFERRING VET

Dr. Chris Papantonio

## INVOICE

72755

## DATE

12/24/25

## PRESENTING CLINICAL SIGNS

Previous TPLO on LHL Lameness on RHL for a few weeks Diagnosed elsewhere with cruciate disease via Xrays Referred for TPLO surgery Pre op xrays show a combination of periosteal bony proliferation on the medial proximal tibia combined with some lucencies along the trabeculae bone and subchondral bone defects of the proximal tibia/epiphyseal region. Significant stifle effusion Concerned over neoplastic lesion Pre and post IV contrast CT scan performed before considering TPLO to rule out neoplasia.

## COMPUTED TOMOGRAPHIC STUDY OF THE STIFLE JOINTS

A pre- and post-contrast computed tomographic examination of the hindlimbs, with focus on the stifle joints, was provided for review, totaling five series. Images were acquired in the transverse plane using bone and soft tissue algorithms.

## COMPUTED TOMOGRAPHIC FINDINGS

### RIGHT STIFLE JOINT

Severe joint effusion resulting in marked distension of the joint capsule and expansion of the proximal and distal bursae.

The infrapatellar fat pad is mildly compressed and shows faintly increased attenuation.

Moderate periarticular ossification involving the femoral epicondyles, proximal tibia, intercondylar region, apex of the patella, gastrocnemius sesamoids, and popliteal sesamoids.

The patellar ligament is intact, and the patella is within normal position.

The distal femoral condyles exhibit a mottled, diffusely hypoattenuating appearance, most consistent with disuse osteopenia.

No evidence of aggressive osteolysis, cortical destruction, or permeative bone changes is identified.

Mild reduction in muscle volume of the right hindlimb compared to the contralateral side.

The right popliteal lymph node is within normal limits.

### LEFT STIFLE JOINT

Mild joint effusion, focally accumulated in the region of the lateral retinacular space.

The infrapatellar fat pad shows normal attenuation.

Moderate periarticular ossification involving the femoral epicondyles, proximal tibia, intercondylar region, apex of the patella, gastrocnemius sesamoids, and popliteal sesamoids.

The patellar ligament is intact, and the patella is within normal position.



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Presence of a metallic implant in the proximal tibia with six screws, consistent with prior TPLO surgery.

The left popliteal lymph node is within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

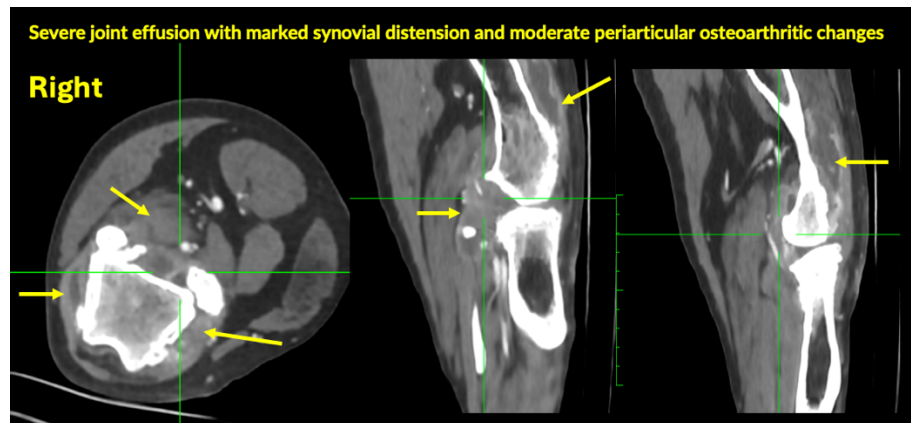
Right stifle joint: Severe joint effusion with marked synovial distension and moderate periarticular osteoarthritic changes. Findings are most consistent with advanced degenerative joint disease likely associated with cruciate ligament partial rupture (or rupture) and chronic instability.

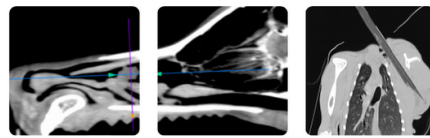
Left stifle joint: Mild joint effusion and moderate periarticular osteoarthrosis. Metallic implant following TPLO surgery.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings of the right stifle joint are characterized by severe effusion, periarticular osteoarthrosis, and changes compatible with chronic joint instability, without evidence of aggressive bone disease or neoplasia. These findings support a degenerative and inflammatory etiology rather than a primary osseous neoplastic process. The primary differential diagnosis includes cruciate ligament partial rupture (or rupture) and chronic instability.

Correlation with orthopedic examination findings is recommended. Surgical planning for TPLO may be considered appropriate.





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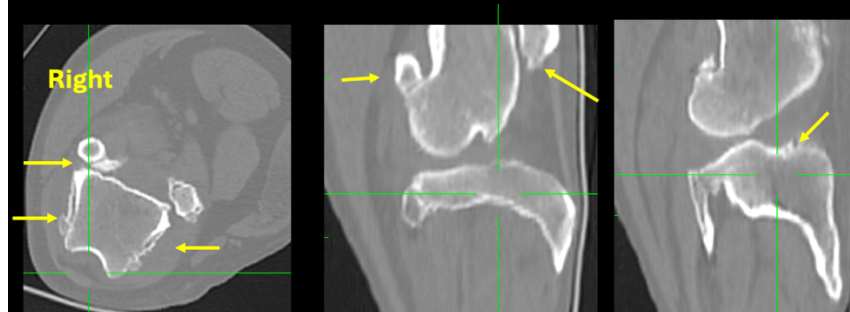
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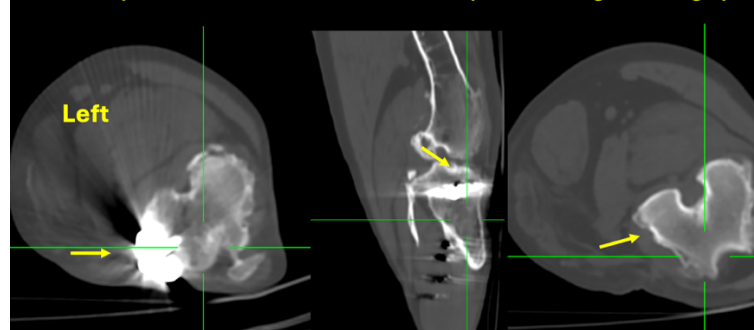
### Moderate periarticular osteoarthritic changes

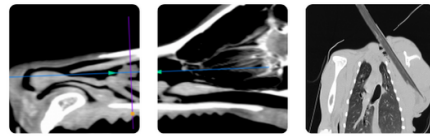


### Right



### Moderate periarticular osteoarthrosis. Metallic implant following TPLO surgery





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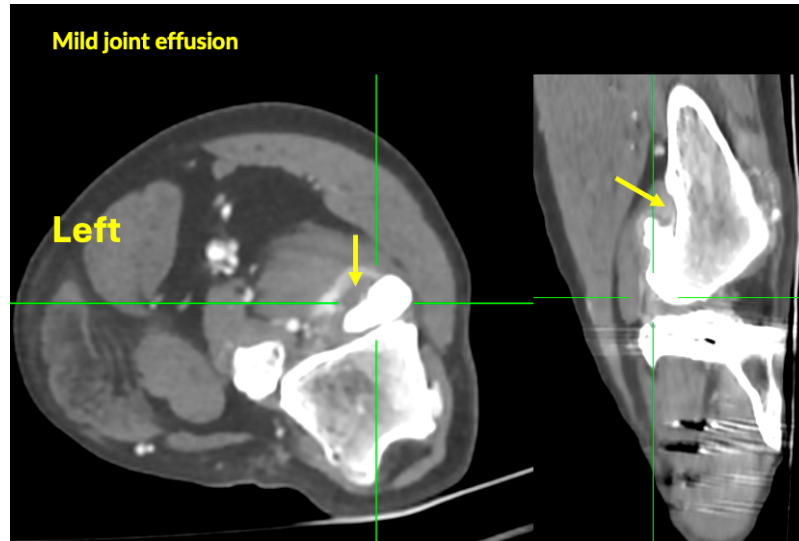
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet**  
[info@sonopath.com](mailto:info@sonopath.com)