



PATIENT

Poof Becker

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

3Y, 11M

WEIGHT

12.5lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Cesar Claro

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

72919

DATE

12-8-25

PRESENTING CLINICAL SIGNS

A bilateral Grade II MPL was performed a year ago in another Veterinary Hospital by Dr. Randy Dominguez. Owner reports the patient has been experiencing recurring flare-ups in the right leg since surgery approximately one year ago. These flare-ups occur every three months, with the most recent lasting two weeks. Owner states the patient has had leg issues for the past two years, worsening after surgery, despite the surgery being recommended to address bilateral knee problems. Owner describes the flare-ups as sudden, where the patient screams and limps for two weeks.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

COMPUTED TOMOGRAPHIC STUDY OF THE RIGHT AND LEFT STIFLE JOINT

A pre- and post- contrast CT study of the stifle joints are provided to review totaling 2 series. Transverse, bone and soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

Right Stifle Joint

Two thin oblique lucent lines are present in the proximal tibia, consistent with prior surgical intervention.

A hypoattenuating cavitary soft tissue lesion with discrete capsular enhancement and small intralesional gas foci is identified at the periphery of the fibularis longus muscle, measuring approximately 1.1 × 0.78 cm.

No evidence of cranial transposition of the tibial intercondylar eminence.

Infrapatellar fat pad attenuation is within normal limits; no joint effusion is detected.

Mild to moderate periarticular ossification is present at the femoral and tibial condyles, femoral trochlea, and apex of the patella.

The popliteal lymph node is unremarkable.

Left Stifle Joint

Two metallic implants (pins) are present in the proximal tibia, consistent with previous surgical repair.

No evidence of cranial transposition of the tibial intercondylar eminence.

Infrapatellar fat pad attenuation is within normal limits; no joint effusion is detected.

Moderate periarticular ossification is noted at the femoral and tibial condyles, femoral trochlea, and patellar apex.

The popliteal lymph node is unremarkable.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

RIGHT STIFLE:

- Small cavitory soft tissue lesion with capsular enhancement and internal gas adjacent to the fibularis longus muscle; differentials include post-surgical change, small abscess, or seroma.
- Two thin oblique lucent lines are present in the proximal tibia, associated with prior surgical procedure.
- Mild to moderate periarticular osteoarthritis.
- Post-surgical lucent lines in the proximal tibia.

LEFT STIFLE:

- Metallic implants (pins) in the proximal tibia related to previous MPL repair.
- Moderate periarticular osteoarthritis.

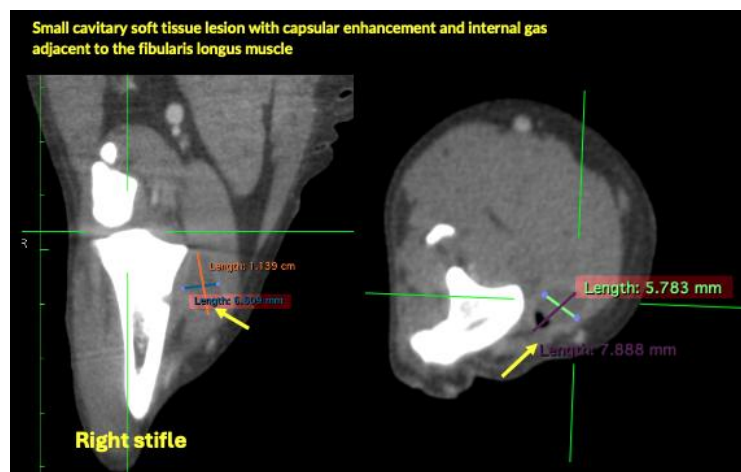
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic evaluation demonstrates bilateral periarticular osteoarthritis, consistent with degenerative joint and postoperative changes.

Of particular note, the adjacent right stifle joint, extra-articular, contains a small cavitory lesion with capsular enhancement and internal gas, which may indicate a post-surgical reactive cavity, localized soft tissue infection, or sterile inflammatory process. Although unrelated to the joint capsule structurally, this lesion may contribute to intermittent discomfort or acute flare-up episodes.

Ultrasound of the lesion to further characterize the cavitory lesion and cytology ± culture if fluid is present are suggested, if attainable.

There are no indirect CT signs suggestive of a concurrent mild partial cranial cruciate ligament (CrCL) tear in the right stifle.





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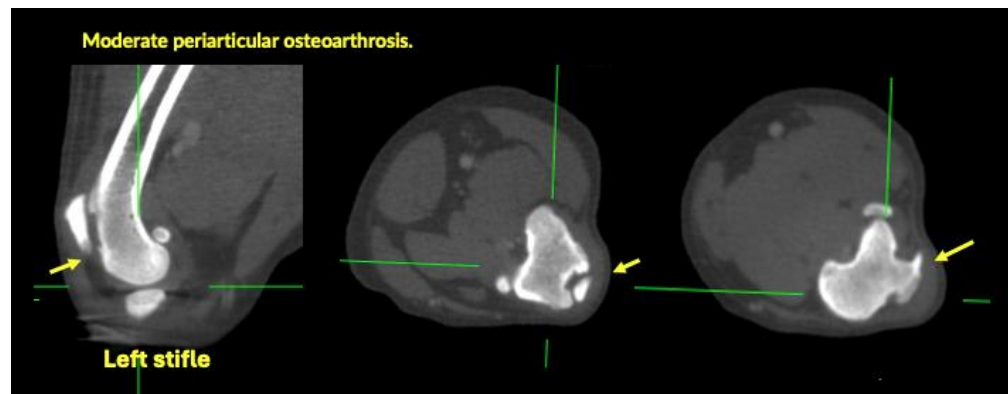
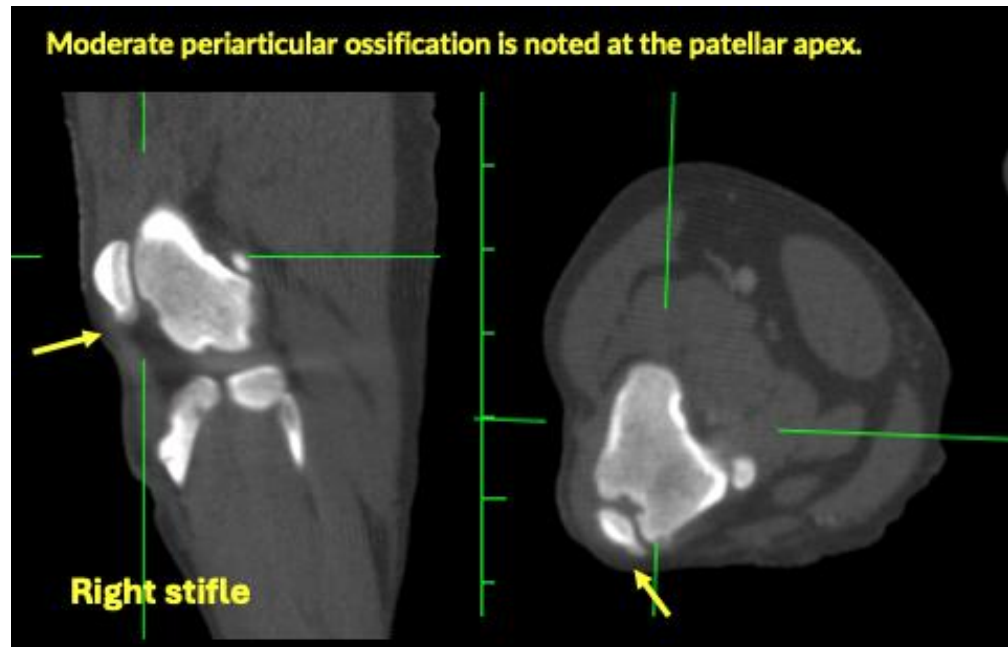
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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