



PATIENT PRESENTING CLINICAL SIGNS

Anubis Keller

P presented for persistent L hind lameness- after running/walks, will be toe-touching lame especially when rising from resting. P originally seen Oct 2022 for same issue. Abnormal PE/Chem/CBC/UA Results: Mild stifle effusion L side, click felt with flexion. R stifle noneffusive, click felt with flexion. When sitting, p holds L stifle less flexed than right. Sedated ortho- hips WNL, stifles palpate stable- no drawer/thrust instability. Suspect partial CCL tear.

SPECIES

Canine

RADIOGRAPHIC STUDY OF PELVIC LIMBS.

BREED

Husky Mix

Orthogonal views of the pelvic limbs are provided for review totaling 5 images. One lateral view of the right-side pelvic limb focused on stifle joint. Two views of the left side pelvic limbs focused on stifle joints. Two ventral dorsal views.

RADIOGRAPHIC FINDINGS

SEX

Left Pelvic Limb

MN

There is articular swelling of the left stifle joint, increased 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.

AGE

4 Years

Mild to moderate periarticular ossification is seen at the femoral trochlear ridges, tibial and femoral condyles, and sesamoids of the gastrocnemius.

The tarsocrural, tarsal, and tarsometatarsal joints are normal.

INTERPRETED BY

There is mild reduction of pelvic muscular volume.

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

Right Pelvic Limb

There is mild articular swelling of the right stifle joint, increased volume, extending cranially from normal margins, and is compressing the caudal 20% of the infrapatellar fat pad. The proximal tibia is cranially translocated in relation to the distal femur.

HOSPITAL NAME

Northshore Veterinary Hospital

Mild periarticular ossification is seen at the margins of the right femoral trochlear ridges.

The tarsocrural, tarsal, and tarsometatarsal joints are normal.

REFERRING VET

Karla Schultz

A tiny rounded soft tissue subcutaneous nodule is noted at the dorsal surface of right tarsal joint.

Bilaterally, the pelvis and coxofemoral joints are normal.

There are osteophytes in the lateral border of the L6-L7 intervertebral discs, however, this is seen only on the VD view.

INVOICE

56733

RADIOGRAPHIC DIAGNOSIS

- Left stifle joint synovial swelling, mild to moderate secondary osteoarthritis, and subluxation are suggestive with partial tear or complete rupture of the cranial cruciate ligament. Differential

DATE

2-14-23



PATIENT

Anubis Keller

diagnosis includes concurrent inflammatory joint effusion. The lesions are more evident at the left stifle joint.

- Right stifle joint synovial swelling, mild secondary osteoarthritis, and subluxation. Differential diagnosis includes inflammatory joint effusion, and/or partial tear of the cranial cruciate ligament.
- Mild left sided pelvic muscular atrophy, disuse.
- L6-L7 spondylosis deformans.
- Tiny rounded soft tissue nodule dorsal surface of right tarsal joint, differential diagnosis includes small granuloma, small soft tissue nodule, small scar, or artifact.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Husky Mix

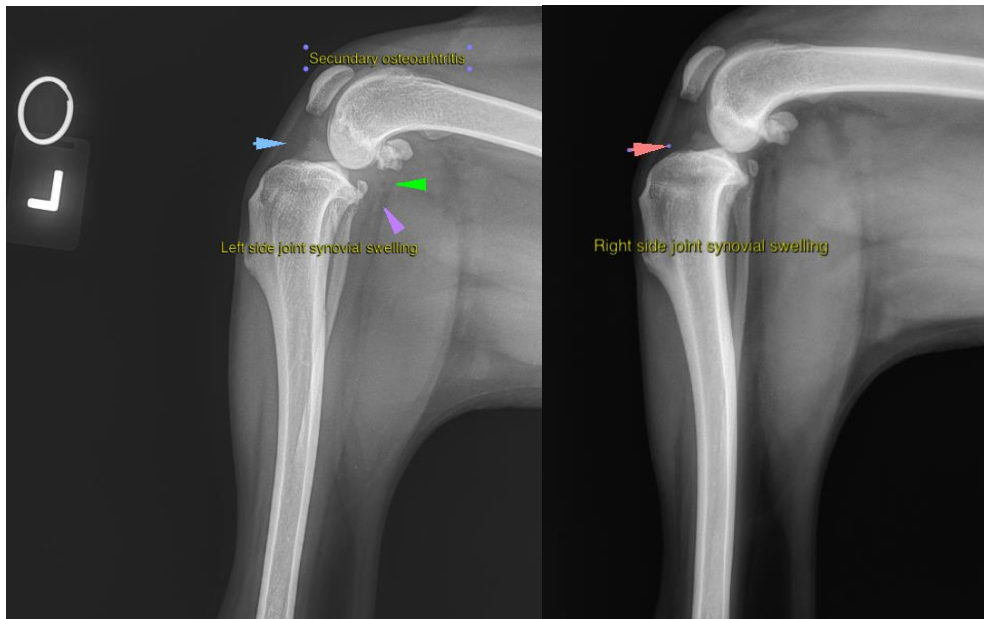
The radiographic findings of the left stifle joint indicate a more prominent lesion. On the left side, the radiographic findings of joint synovial swelling indicate a partial tear or complete rupture of the cranial cruciate ligament. However, in the right stifle joint the radiographic findings could not conclude if there is a cruciate ligament tear associated with the stifle swelling. Surgical consult is suggested. No evident asymmetry between the muscular mass volume in the pelvic limbs.

SEX

MN

AGE

4 Years



INTERPRETED BY

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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.

INTERPRETED BY

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

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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Veterinary Hospital

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