



PATIENT

Dallas Thacker

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

F

AGE

10M

WEIGHT

5.4lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

73922

DATE

2-24-26

PRESENTING CLINICAL SIGNS

- Referral from Dakota Prairie Veterinary Service
- Presents for evaluation of bilateral medial patellar luxations and retained deciduous teeth (extracted today, Feb 24, 2026)
- Hx from Dakota Prairie Vet- O said she noticed 2-3 weeks ago that they can hear and feel popping when they pick her up or move her around when holding her. O has not noticed any pain when they feel/hear it. O said she has never gone downstairs but she can go up the stairs (they only have 3 steps off of the deck) and she has never jumped up on the couch or chair, they have to lift her up. O has noticed an abnormal gait a few times when she is out roaming around in the yard, she will carry it or limp for a short period of time then is normal again.

Abnormal PE/Chem/CBC/UA Results: Reluctant to walk on leash, mild stiffness, bilateral grade 3 medial patellar luxations, no limb preference, no pain on palpation or manipulation of back, hips, or iliopsoas, no tibial thrust or cranial drawer detected

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIC LIMBS – STIFLE JOINTS

A non-contrast computed tomographic study of the pelvic limbs, focusing on the stifle joints, was performed using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

RIGHT PELVIC LIMB – focus on stifle joint

The patella is medially luxated. Mild internal rotation of the tibial crest is observed.

A discrete focal hypoattenuating cortical defect is identified at the lateral aspect of the tibial tuberosity.

No periarticular osteophytes are detected.

The femoral condyles and femoral trochlear groove are within normal limits.

The infrapatellar fat pad demonstrates preserved attenuation.

LEFT PELVIC LIMB – focus on stifle joint

The patella is normally positioned within the femoral trochlear groove.

A discrete focal hypoattenuating cortical defect is present at the lateral aspect of the tibial tuberosity.

The femoral condyles and femoral trochlear groove are within normal limits.

The infrapatellar fat pad demonstrates preserved attenuation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right-sided medial patellar luxation, associated with mild internal rotation of the limb.
- Bilateral discrete focal hypoattenuating cortical defects at the lateral aspects of the tibial tuberosities. This finding may represent an incidental change.



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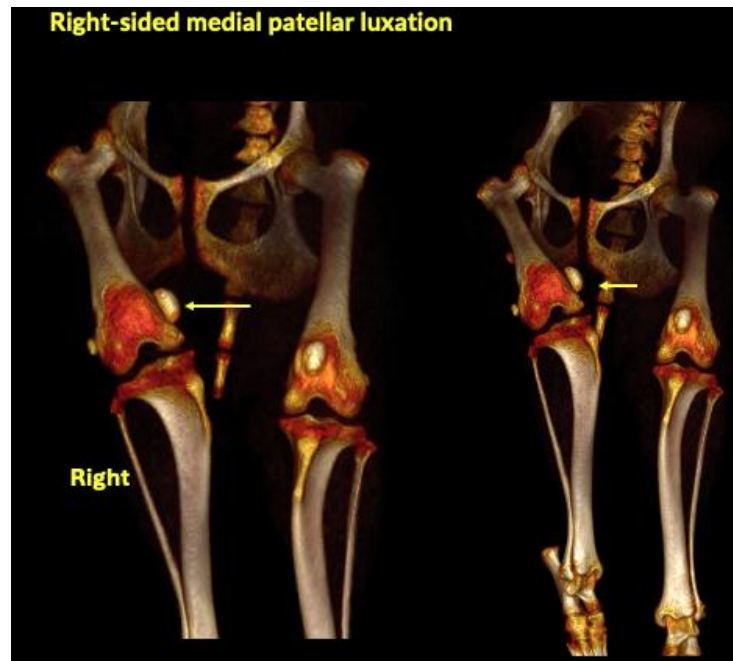
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings confirm right-sided medial patellar luxation with secondary mild internal tibial rotation. There is no evidence of secondary osteoarthritis at this time.

Although the left patella is positioned within the trochlear groove, low-grade patellar instability (Grade I–II medial patellar luxation) cannot be completely excluded based solely on static CT evaluation. Clinical orthopedic correlation is recommended.

The bilateral discrete focal cortical defects at the lateral tibial tuberosities may correspond to retained cartilage cores. This finding may represent an incidental change. Also, this finding has been described in association with medial patellar luxation in dogs. *

Reference: * Paek M, Engiles JB, Mai W. Prevalence, association with stifle conditions, and histopathologic characteristics of tibial tuberosity radiolucencies in dogs. *Vet Radiol Ultrasound*. 2013 Sep-Oct;54(5):453-8. doi: 10.1111/vru.12047. Epub 2013 May 13. PMID: 23662944.





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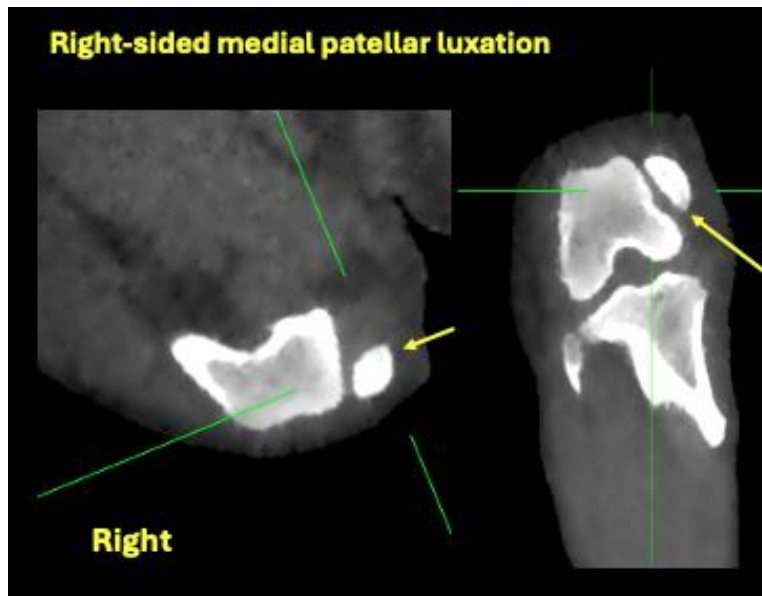
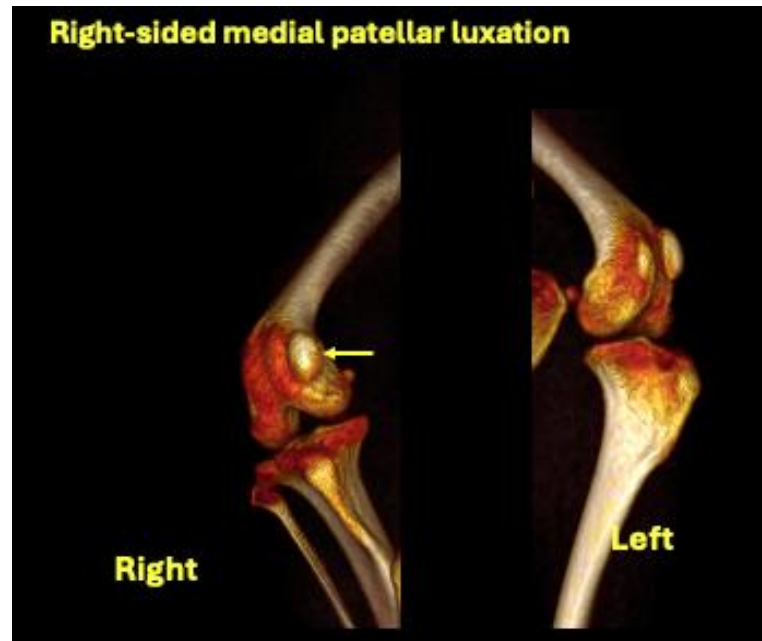
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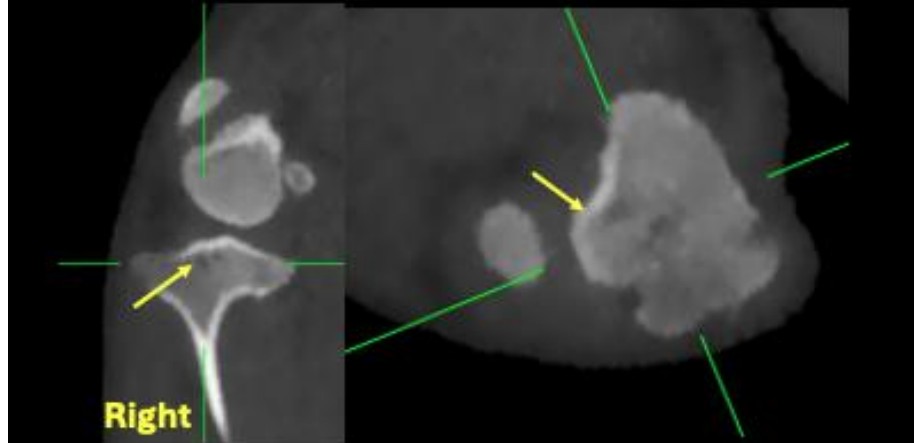
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Discrete focal hypoattenuating cortical defects at the lateral aspects of the tibial tuberosities



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