



PATIENT PRESENTING CLINICAL SIGNS

Bella Lucaino
Gonzalez

Reason for Visit: Limping History: P was here about a month ago for limping. P did improve after meds and rest. O states p was back to her normal self. O did mention p was not interested in eating while on the rimadyl and has lost some weight. O took p out for some exercise yesterday and p started to limping again soon after. P was unable to walk this morning. C/S/V/D: None E/D/U/D: Loss of appetie while on the Rimadyl Diet: Home cooked and kibble FAS Score: Yellow(2-3) Sweet dog but will growl upon restraint/ rear legs very painful Current Medications (dose and frequency): None Heartworm Prevention / Flea Prevention: None Known Allergies and Medical Conditions: Microchip ID: / No microchip

SPECIES

Canine

BREED

Pitbull

SEX

Female Intact

AGE

4 Years

INTERPRETED BY

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

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 50.3 Temp: HR: RR: MM/CRT: Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Adequate Mentation: BAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar. Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4 with intermittently crouched gait in rear and shifting lameness right and left pelvic limb. Left pelvic limb: subjectively smaller muscle mass compared to right pelvic limb. Pain on stifle extension. No cranial drawer elicited. No pain on hip extension. Right pelvic limb-- positive cranial drawer. Stifle palpates consistent with effusion. No pain on hip extension. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: NSAID/CBC--no evidence of rimadyl toxicosis (normal platelets, normal Hct/protein levels, normal renal/liver enzymes) Radiographs of both stifles obtained under sedation with dexmedetomidine 0.5mg/ml 0.46ml + butorphanol 10mg/ml 0.46ml IV. Submitted for consult. Declined Diagnostics/Treatments: gabapentin--will pick up tomorrow Findings/Assessment: Suspect bilateral stifle disease--full CCLR tear right stifle less likely partial tear CCLR; suspect partial vs. meniscal vs. full tear left CCLR Treatment Plan: NO RIMADYL Dispense Gabapentin 600mg 1/4T PO BID Strict rest Will call with consult results--consider amantadine, ADequan, other (owner has financial constraints) Recheck Needed: pending radiology consult results Allison Ward, DVM

HOSPITAL NAME

DPC Veterinary
Hospital

RADIOGRAPHIC STUDY OF PELVIC LIMBS

Orthogonal views of the pelvic limbs are provided for review totaling 4 images. Two views of the right-side pelvic limb with focus on the stifle joint. Two views of the left side pelvic limbs with focus on the stifle joint.

REFERRING VET

Ward

RADIOGRAPHIC FINDINGS

Left Pelvic Limb

There is articular swelling of the left stifle joint with increase in volume, extending caudally, medially, and cranially from normal margins, and is compressing 30-40% of the infrapatellar fat pad caudally.

INVOICE

56656

The proximal tibia is cranially translocated in relation to the distal femur.

DATE

2-9-23

Mild periarticular ossification is seen at the margins of the right patella, femoral trochlear ridges, tibial condyles, and sesamoids of the gastrocnemius.



PATIENT

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The left coxofemoral joint is congruent, however, only seen on the lateral view.

The tarsocrural, tarsal, and tarsometatarsal joints are normal.

Right Pelvic Limb

SPECIES

Canine

There is articular swelling of the right stifle joint with increase in volume, extending caudally, medially, and cranially from normal margins, and is compressing 30-40% of the infrapatellar fat pad caudally.

BREED

Pitbull

The proximal tibia is cranially translocated in relation to the distal femur.

Moderate periarticular ossification is seen at the margins of the right patella, femoral trochlear ridges, tibial condyles, and sesamoids of the gastrocnemius.

SEX

Female Intact

Only seen on the lateral view, the right coxofemoral joint is congruent.

The tarsocrural, tarsal, and tarsometatarsal joints are normal.

RADIOGRAPHIC DIAGNOSIS

AGE

4 Years

- Bilateral stifle joint synovial swelling, moderate secondary osteoarthritis, and subluxation - consistent with partial tear or complete rupture of the cranial cruciate ligament. Differential diagnosis includes concurrent inflammatory joint effusion, and potential concurrent meniscal tear.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings of the stifle joints are correlated to orthopedic physical exam findings of positive drawer movement and indicates a partial tear or complete rupture of the cranial cruciate ligament. Surgical approach is suggested. No evidence of asymmetry between the muscular mass volume in the pelvic limbs.

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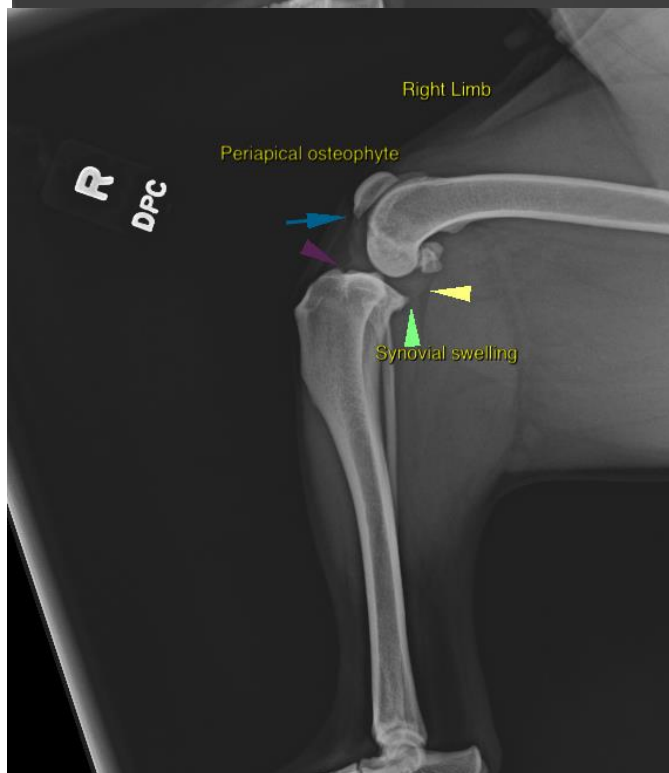
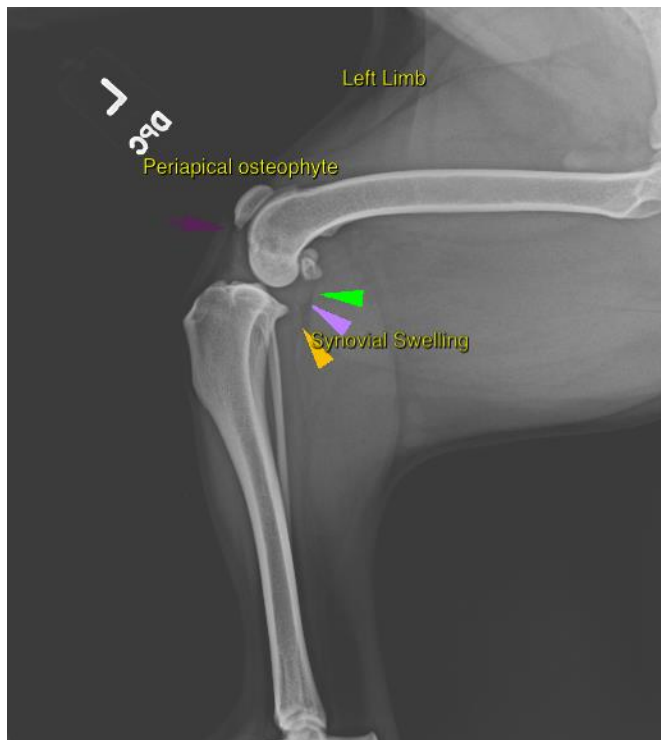
Ward

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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.

SPECIES

Canine

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.

BREED

Pitbull

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info@sonopath.com

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Female Intact

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