



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Carbon Eisenberg
SPECIES Feline
BREED DMH
SEX Female
AGE 10 Years, 3 Months

Reason for Visit: L hind leg pain History: Carbon, a 10yr old Female DSH presents today for L hind leg pain. P previously broke her R leg in the past and has been on Cosequin for life. P started favoring her L leg last night. P was limping on L leg and not bearing much weight. P can still stand up and walk around, but does not want to jump up on things. O also stated P looked very painful after she jumped off the sofa. P is urinating outside her litterbox and on the rug. O has big dog at home that gets into litterbox and they keep the litter box up high. O believes P may be urinating on the rug due to not being able to jump up to use litterbox. P is indoor only and lives with other cats. C/S/V/D: none E/D/U/D: urinating outside litterbox Diet: High Acid Kidney Diet FAS Score: 1 scared but nice Current Medications (dose and frequency): Cosequin supplm
 Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 8.66lbs Temp: did not obtain HR: 220bpm RR: 56 MM/CRT: p/m <2sec Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: N Mentation: N EENT: N Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: (L) hindlimb: full ROM manipulation suggests pain/discomfort at the hip joint. Equivocal pain response at stifle, no crepitus felt, no swelling along the bones/joints Neurological: N Fecal: Diagnostic Testing Needed: Radiographs w/consult NSAIDs panel Declined Diagnostics/Treatments: N/A Findings: Lameness Assessment: Lameness: DiffDx: open to soft tissue ligament injury Treatment Plan: Robenacoxib (Onsior) PO sid x 3 days Gabapentin 50 mg PO bid x 8 days Treatment Declined: N/A Prescriptions to Dispense: Onsior Gabapentin Dietary (food) Recommendations: N/A Recheck Needed: PRN Follow-up Care: PRN Additional Comments: Reviewed radiographs briefly with O's, Treatment plan, meds to go home.

RADIOGRAPHIC STUDY OF PELVIC LIMBS, FOCUS ON STIFLE JOINTS

INTERPRETED BY

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

Orthogonal views of the pelvic limbs are provided for review totaling 3 images. One lateral view of the right pelvic limb focuses on stifle joint. One lateral view of the left pelvic limb focuses on stifle joint. On VD dorsal view of pelvis and pelvic limbs.

RADIOGRAPHIC FINDINGS

Left pelvic limb

HOSPITAL NAME

DPC Veterinary Hospital

There is joint incongruency of the stifle joint, and reduction of the lateral articular space in the craniocaudal view.

There is mild periarticular ossification on the lateral border of tibial condyle.

There is an enthesophyte at the patellar ligament attachment site on the proximal tibia.

REFERRING VET

Dr. Weekes

The patellar ligament is mildly thickened in comparison to the contralateral.

The patella is seen in the plane of the respective femoral trochlea.

INVOICE

58844

The fat-pad opacity is normal.

There is mild antecurvatum mal alignment of the tibia.

Right pelvic limb

DATE

6-15-23

There are three small mineral bodies associated with the stifle joint.



PATIENT

Carbon Eisenberg
The stifle joint is congruent.
No evidence of periarticular ossification.

SPECIES

Feline
L7 transitional vertebra is noted, within attached left transverse process at left ilium.

RADIOGRAPHIC DIAGNOSIS

BREED

DMH

SEX

Female

- Left stifle joint incongruency and signs of secondary osteoarthritis. The differential diagnosis includes partial tear or rupture of the collateral lateral ligaments or meniscal disease.
- Left patellar ligament thickening and attached enthesophyte. The differential diagnosis includes patellar desmitis.
- Mild antecurvatum mal alignment of the left tibia, likely correlated to the minor malunion, and the previous trauma.
- Small mineral bodies associated with the right stifle joint. Differential diagnosis includes meniscal calcification, incidental.
- L7 transitional vertebra, incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

10 Years, 3 Months
There are radiographic signs of stifle joint incongruency, secondary osteoarthritis, and concurrent indication of left patellar ligament desmitis. The differential diagnosis includes concurrent partial tear or rupture of the collateral lateral ligaments or meniscal disease. These findings are correlated to the patient history, likely more acute stress occurs, and this causes more acute pain. A musculoskeletal ultrasound is suggested. Conservative therapy is suggested with non-steroidal anti-inflammatories in this acute phase and pain medication is suggested. If patient does not improve, a surgical orthopedical consult is suggested.

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**Left stifle - attached enthesophyte-
patellar ligament**



LEFT STIFLE JOINT
periarticular ossification and incongruity





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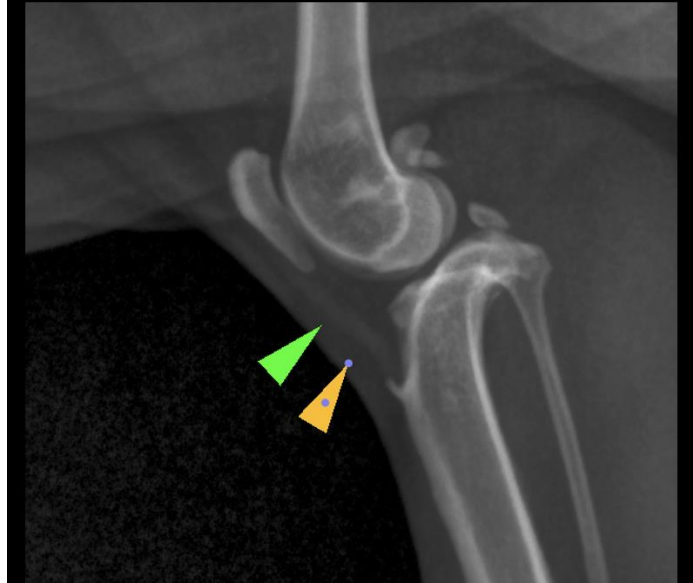
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Left patellar ligament thickened



Right stifle joint

Meniscal calcification, incidental.





PATIENT

Carbon Eisenberg

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

Feline

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

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info@sonopath.com

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