



VETCT
CONSULTANTS IN TELEMEDICINE

IT'S YOUR CASE

Species: Canine

Breed: Labrador Retriever

Sex: Female Neutered

Age: 9 years

Clinical History:

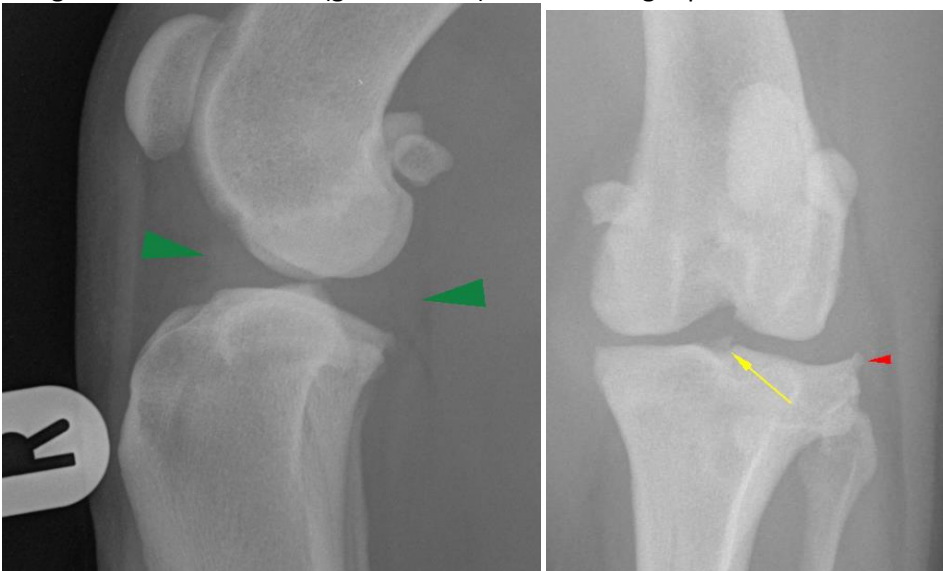
Acute onset right pelvic limb lameness and click with right stifle flexion

Details of study and technical comments: A radiographic study of the stifles is presented for evaluation. The study consists of mediolateral and craniocaudal views of the stifles.

Diagnostic interpretation:

RIGHT STIFLE:

Mildly increased intracapsular soft tissue opacity causes partial effacement of the infrapatellar fat pad and caudal capsular bulging (green arrowheads). At the intercondylar region on the CC view there is a sharply margined calcified feature (green arrow). Remodelling is present on the lateral tibial condyle (red arrow).



LEFT STIFLE:



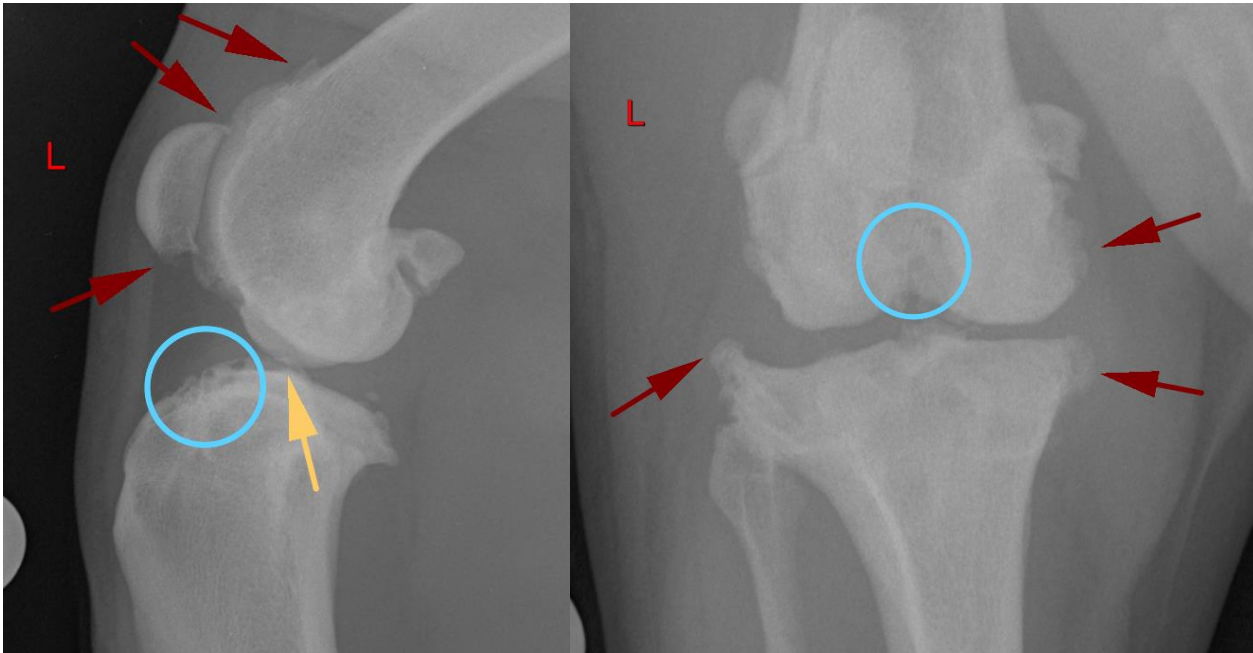
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This report is based on the available history and radiographic interpretation only and not on a physical examination of the patient. It has been prepared specifically for interpretation by the currently licensed and registered veterinary surgeon responsible for the care of this patient.

Mildly increased intracapsular soft tissue opacity is in the cranial compartment. On the neutral mediolateral view, the intercondylar eminence is cranially positioned relative to the femoral condyles (buff-coloured arrow). Remodelling is present on the patellar base and apex, the femoral trochlear ridges, fabellae and both tibial condyles (red arrows). Mild heterogeneity of the bone opacity is present along cranial tibial plateau and the intercondylar fossa (Blue ellipse). There is moderate thickening along the medial aspect of the joint in the plane of the medial collateral ligament.



Conclusions:

Right stifle effusion and mild remodelling is consistent with inflammatory arthropathy. Intracapsular soft tissue injury (cranial cruciate ligament insufficiency +/- meniscal tear) is considered the most likely aetiology.

Chronic degenerative changes of the left stifle with cystic degeneration. Consider chronic cranial cruciate ligament insufficiency.

Additional comments:

Stifle effusion and osteoarthritis are the most common radiographic findings of cranial cruciate ligament (CCL) insufficiency. Complete CCL insufficiency is a diagnosis based on orthopedic examination, such as the presence of cranial drawer sign. Partial/incomplete CCL insufficiency, conscious state or periarticular fibrosis may prevent observation of cranial drawer or tibial thrust. When progressive (i.e. complete tear of the CCL), radiographic drawer can be documented through a 90-90 flexed medio-lateral view where the stifle and tarsus are both flexed at 90 degrees (note in this case the positioning is not optimal for this assessment). The critical assessment is the position of the intercondylar eminence of the tibia relative to the femoral condyles. When cranially displaced, radiographic drawer is suggestive of CCL insufficiency.

LITERATURE:

Briggs, K. K. (2004). The canine meniscus: injury and treatment. *COMPENDIUM*.

Comerford, E. J., Smith, K., & Hayashi, K. (2011). Update on the aetiopathogenesis of canine cranial cruciate ligament disease. *Veterinary and Comparative Orthopaedics and Traumatology*, 24(02), 91-98.



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