



DATE: December 12, 2023

STUDY DATE: December 12, 2023

REFERRING VETERINARIAN: Dr. Example Clinician of Example Equine Hospital

PATIENT INFORMATION:

Example Horse – Example Client

10 Year Old Warmblood Mare

CLINICAL HISTORY:

The horse has a long history of lameness in the right hind and swelling of the stifle. The referring veterinarian has recently been introduced to the horse. The horse had a right hind lameness that blocked to intraarticular diagnostic anesthesia of the stifle. Lameness and swelling persist despite intraarticular medication with steroids. Ultrasonography reveals potential meniscal injury.

STUDY DESCRIPTION:

Transverse pre-contrast soft tissue and bone algorithm series and arthrogram series (femoropatellar, medial femorotibial, lateral femorotibial) of the right stifle are provided for review.

COMPUTED TOMOGRAPHY FINDINGS:

RIGHT STIFLE:

There is moderate to marked effusion within the femoropatellar, medial femorotibial, and lateral femorotibial joints, most pronounced within the medial femorotibial joint. Laterally, effusion is seen surrounding the tendon of the peroneus tertius.

Both the cranial and caudal cruciate ligaments are diffusely, moderately thickened. On arthrogram, contrast is seen tracking into the substance of the caudal cruciate ligament at the proximal attachment and proximal, cranial margin.

The cranial and caudal, medial meniscotibial ligaments are mildly thickened with hypoattenuating regions within the substance. There are also multiple very small, faint mineral foci within the substance of the cranial, medial meniscotibial ligament. On arthrogram, scant contrast uptake is seen within the cranial, medial meniscotibial ligament. There is mild to moderate osseous resorption along the cranial, medial tibia at the attachment of the cranial, medial meniscotibial ligament.

Moderate periarticular new bone formation is present along the medial femoral condyle, medial tibial condyle, and medial eminence of the tibia. The new bone formation along the medial eminence protrudes proximally and cranially, appearing somewhat pedunculated. There is mild subchondral trabecular bone sclerosis within the medial



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femorotibial joint. The distal, caudal subchondral compact bone margin of the medial femoral condyle is mildly irregular, with suspected subchondral osteophytosis; lack of contrast within this region on arthrogram limits evaluation of the overlying articular cartilage. The proximal, caudal margin of the medial femoral condyle is mildly flattened. On arthrogram, there is a focal, full-thickness articular cartilage defect within the caudal, axial aspect of the medial femoral condyle.

There is moderate to marked effusion within the femoropatellar, medial femorotibial, and lateral femorotibial joints, most pronounced within the medial femorotibial joint. Laterally, effusion is seen surrounding the tendon of the peroneus tertius.

IMPRESSIONS:

Multiple abnormalities of the soft tissue and osseous structures of the stifle are present including:

- Moderate desmopathy and enthesopathy of the cranial, medial meniscotibial ligament with resorption at the attachment and multiple mineral foci within the substance which may be due to dystrophic mineralization or prior avulsion.
- Moderate desmopathy of the caudal, medial meniscotibial ligament and both the cranial and caudal cruciate ligaments. There is suspected tearing along the proximal attachment and proximal, cranial margin of the caudal cruciate ligament.
- Moderate to marked femoropatellar, medial femorotibial, and lateral femorotibial joint effusion
- Moderate medial femorotibial osteoarthritis and subchondral bone remodeling, with suspected subchondral osteophytosis along the medial femoral condyle. Abnormally shaped medial eminence.
- Focal articular cartilage defect along the caudal, axial aspect of the medial femoral condyle.

No abnormalities are identified within the menisci.

Example Radiologist, DVM, DACVR



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