



DATE: December 13, 2023

STUDY DATE: December 13, 2023

REFERRING VETERINARIAN: Dr. Example Clinician of Example Equine Hospital

PATIENT INFORMATION:

Example Horse – Example Client

10 Year Old Spanish Warmblood Gelding

CLINICAL HISTORY:

Grade 2/5 right hind lameness and positive upper flexion test. Lameness localized to right stifle joint. Some improvement on rest and NSAIDs for eight weeks, but stays sore in tight turns and on flexion test. Radiographs and ultrasound are inconclusive, therefore MRI recommended for further treatment options.

STUDY DESCRIPTION:

A right stifle MRI examination was performed in a 0.25T magnet under general anesthesia. Multiple imaging planes and sequences were acquired including: T2W in transverse, PDW, T2W, STIR in dorsal and sagittal, and 3D SHARC in sagittal planes.

MRI FINDINGS:

RIGHT STIFLE:

A small to moderate volume of effusion is present in the femoropatellar joint. The distal substance of the cranial cruciate ligament is minimally T2W hyperintense and the proximal margin is mildly fibrillated. There is a focal region of T2W hyperintensity within the proximal substance of the cranial cruciate ligament.

There is a complex tear of the proximal, abaxial, caudal portion of the medial meniscus with fibrillation of the adjacent axial margin. A small osteophyte is arising from the abaxial margin of the medial femoral condyle. The subchondral trabecular bone of the medial femoral condyle is mildly sclerotic.

There is mild T2W hyperintensity of the medial and lateral, cranial meniscotibial ligaments, lateral more than medial.

IMPRESSIONS:

Mild to moderate cranial cruciate desmopathy, more pronounced proximally, near the proximal attachment. Complex tear of the abaxial, caudal aspect of the medial meniscus. Mild to moderate femoropatellar joint effusion mild medial femorotibial osteoarthritis.

Possible mild medial and lateral, cranial meniscotibial desmopathy.

Example Radiologist, DVM, DACVR

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