



## PATIENT

Bodey Bainter

## SPECIES

Canine

## BREED

Bernese Mountain Dog

## SEX

Neutered Male

## AGE

9Y

## WEIGHT

40kg

## INTERPRETED BY

Heike Rudolf, DVM, Dr.  
med. Vet., DipECVDDI  
DVR

## IMAGING PERFORMED BY

ET and NB

## HOSPITAL NAME

My Pet Mobile Vet

## REFERRING VET

Dr. Sherry Vartanian

## INVOICE

73332

## DATE

1-14-26

## PRESENTING CLINICAL SIGNS

Bilateral hind limb ataxia for 6 months that began after a surgery for benign mass removal. Non progressive, stable. Sensitivity on thoraco-lumbar spinal palpation

Abnormal PE/Chem/CBC/UA Results: Proprioceptive responses decreased bilateral hind limbs. Withdrawal reflexes intact, possibly weak.

## RADIOGRAPH OF SPINE AND STIFLES

R/L lateral and VD, totaling 10 radiographs provided for interpretation.

## RADIOGRAPHIC FINDINGS

### Spine

The surrounding soft tissue structures appear physiological.

Bridging new bone (NB) is located on both ventral endplates of L1 and the cranio-ventral endplate of L2. NB is also present on the left lateral aspects explaining the sclerotic appearance of the cranial endplate of L2. No evidence of osseous destruction or lysis is present along the spine.

The facet joints are well outlined.

On the right lateral view all lumbar disc spaces appear to have a similar width. On the left lateral view, the T13/L1 and L1/2 disc space appear reduced.

Stifle R: the joint is superimposed onto the prepucis. It presents with smooth, subchondral bone surfaces and the center of the femoral condyles is in line with the intercondylar eminence of the tibia. The cranial fat pad appears to be of physiological size, and the caudal fascial plains are in a physiological position. A small amount of new bone formation is located on the proximal pole of the patella and the tibial insertion of the cranial cruciate ligament.

Stifle L: the joint is overexposed.

Pelvis: the pelvis is tilted to the left. The right cranial acetabular margin is straight and slightly thickened. The joint space appears narrower than on the left. A thin band of NB is evident along the right femoral neck.

## RADIOGRAPHIC DIAGNOSIS

L1/2

- Spondylosis
- Disc space variation

Right

- Stifle arthrosis, mild
- Degenerative changes hip joint, mild

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The disc space variation between the two lateral views of the L-spine is likely due to the different recumbencies. Accurate positioning of the spine is difficult, even under G.A., and cord compression can only be identified with myelography or in cross-sectional imaging. Thus, CT or MRI is recommended. Liquor analysis will help rule out inflammation and infection though the described clinical signs do not



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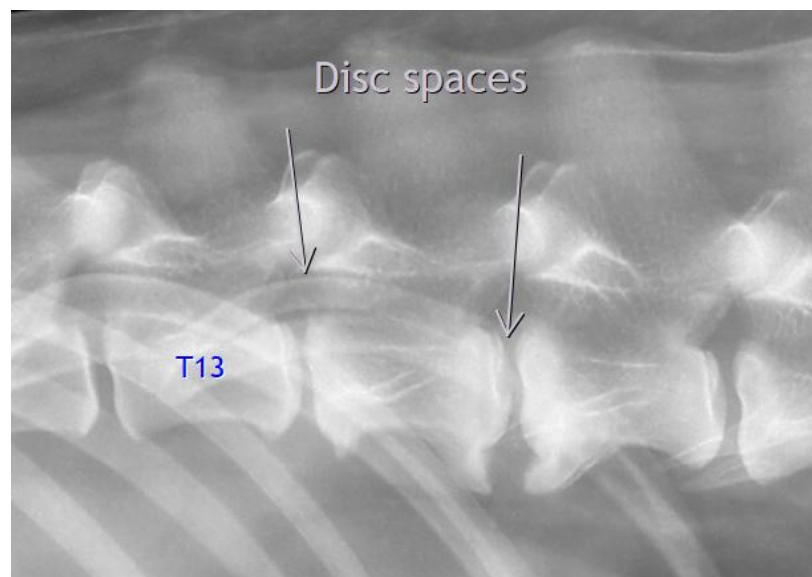
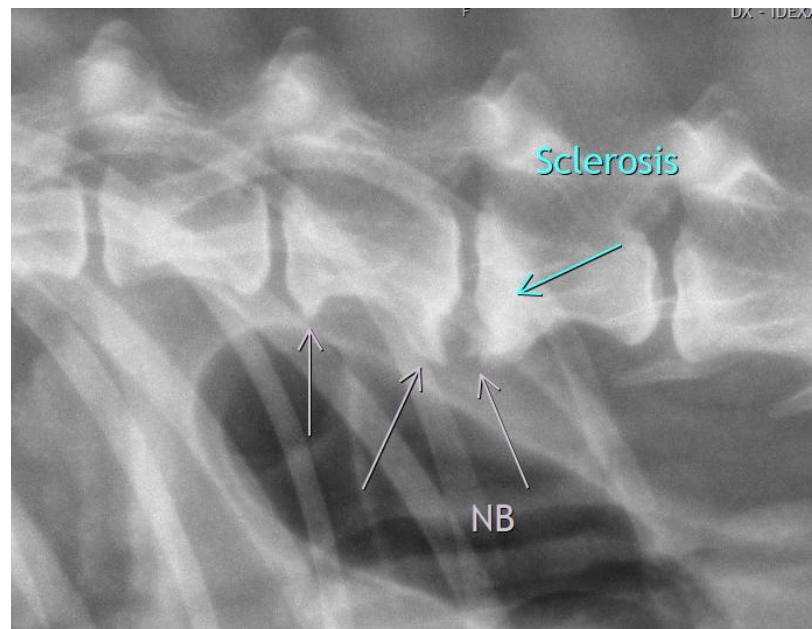
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suggest either of these diseases. Once disc disease, spinal cord tumor and neuropathies of the lumbar plexus have been ruled out, chronic degenerative neuropathies will have to be considered.

The degenerative changes in right stifle and hip joints are minimal and unlikely to be the cause of the clinical signs in a 9-year-old, large breed dog.





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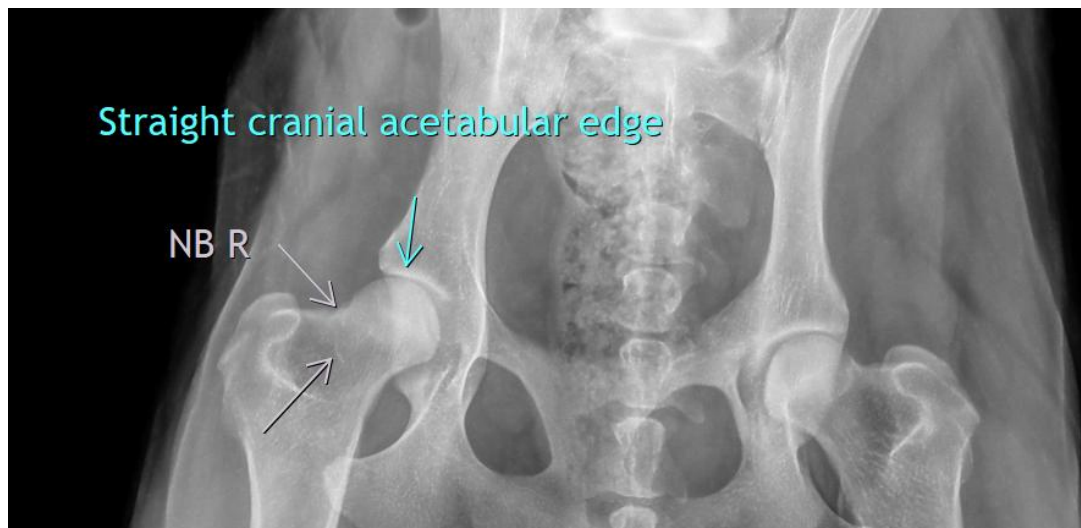
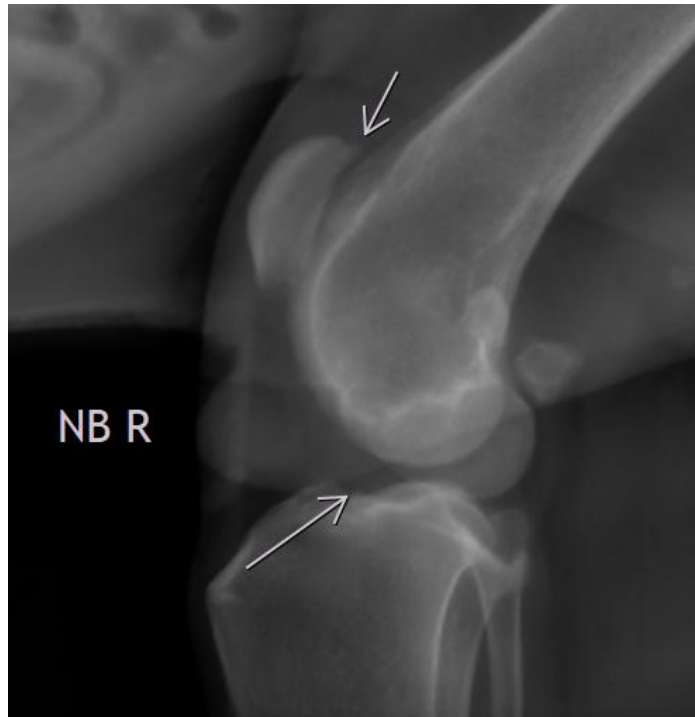
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Heike Rudolf, DVM, Dr. med. vet., DipECVDDI, DVR  
[info@sonopath.com](mailto:info@sonopath.com)