

PATIENT

Peanut Jordan

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

1 Years

WEIGHT

8.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Carmen

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Mandanini

INVOICE

36224

DATE

3/14/26

PRESENTING CLINICAL SIGNS

History: Jumped off the stairs last night, twisted back in strange matter. Since then, trembling, an arched back, and reluctance to walk. Tense Abdomen.

RADIOGRAPHIC STUDY OF THORAX, ABDOMEN, T- and L-SPINE, PELVIS AND STIFLES

The body condition score is 6/9 with smooth, alternating layers of fat and soft tissue opacity.

Thorax

The cranial mediastinum is of physiological size and opacity. The trachea diverges from the thoracic vertebrae, and the carina is located level with T5.

The lung lobes extend to the thoracic boundaries. Pulmonary vessels are visible to the tertiary branches. The bronchial tree is thin walled and tapers towards the periphery.

The cardiac silhouette occupies 75% of the chest height and 2.5 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

Very little fat surrounds especially the cranial abdominal organs; diaphragm and abdominal wall are intact.

The liver is located within the costal arch, and the caudo-ventral lobe appears to be pointed.

The head of the spleen appears physiological.

The gastric axis is cranially rotated in right lateral recumbency. Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of unformed fecal matter.

Both renal shadows are not clearly outlined but in left lateral recumbency appear to have a physiological size and opacity. The bladder is moderately full, and the bladder neck is located cranial to the pubic brim.

The sublumbar region appears physiological.

T- and L-spine

The surrounding soft tissue structures appear physiological.

Number and shape of the vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine; the latter also applies for the included C-spinal vertebrae in R lateral recumbency. A kyphotic deviation of the first 3 vertebrae of the tail is evident.

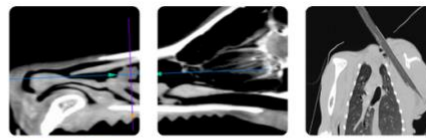
The disc spaces between T12 and L2 appear narrow.

Hind legs

The skin surfaces are smooth, and the muscles appear to be symmetrically developed. Mineral opacities are visible lateral in the proximo-lateral thigh muscles.

All bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

Pelvis: The center of both femoral heads is located well lateral to the respective dorsal acetabular edge. The cranial acetabular edge is flat and straight on both sides, resulting in incongruent joint spaces.



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Stifles: both joints are rotated but present with smooth, subchondral bone surfaces The cranial fat pad has a physiological size, and the caudal fascial plains are just visible. New bone formation is not evident, and the patella is located centrally in its groove.

not evident and the patellae are located centrally in their respective groove.

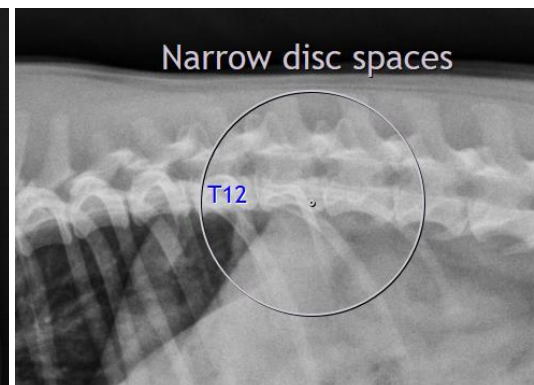
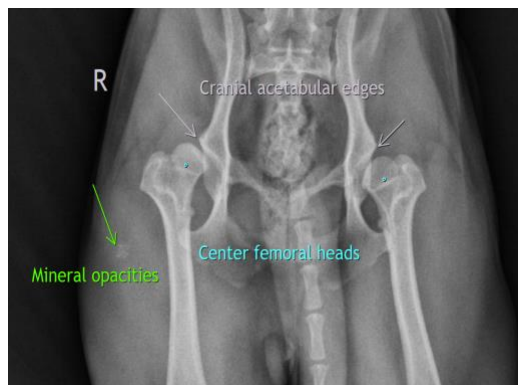
RADIOGRAPHIC DIAGNOSIS

- Severe HD, bilateral
- Possible disc space narrowing T12-L2
- Reduced cranial abdominal detail

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hip subluxation can be the reason for unsure foot placement and may have caused the initial fall. 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 in case neurological deficits and/or severe pain unresponsive to medical management, are present.

Reduction in abdominal detail is likely due to the lack of cranial abdominal fat, but the liver edges are just visible. However, should clinical signs of abdominal pain persist, ultrasound is recommended rule out free fluid.



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., DipECVDF, DVR
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