

## PATIENT

Mr. Pink Sinkevich

## SPECIES

Canine

## BREED

Beagle

## SEX

MN

## AGE

8Y

## WEIGHT

16kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

VG, AS, NMR

## HOSPITAL NAME

The Collegeway Animal  
Hospital

## REFERRING VET

Dr. Ehab Hanna

## INVOICE

74192

## DATE

3-16-26

## PRESENTING CLINICAL SIGNS

has pain on left hind leg

has trouble climbing stairs

## RADIOGRAPHS OF T-SPINE AND PELVIS

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

Undated, non-DICOM images

## RADIOGRAPHIC FINDINGS

### 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 L4/5 disc space is slightly decreased and shows mineralization. A kidney bean shaped soft tissue opacity is located in the intervertebral foramen end partially obscures the "horses neck".

### Hind legs

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: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is located just lateral to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

## RADIOGRAPHIC DIAGNOSIS

- Disc extrusion L4/5
- Mild HD, bilateral

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely that the disc diseases L4/5 are causing the clinical signs. A CT examination is recommended to assess cord compression and lateralization prior to possible surgery.



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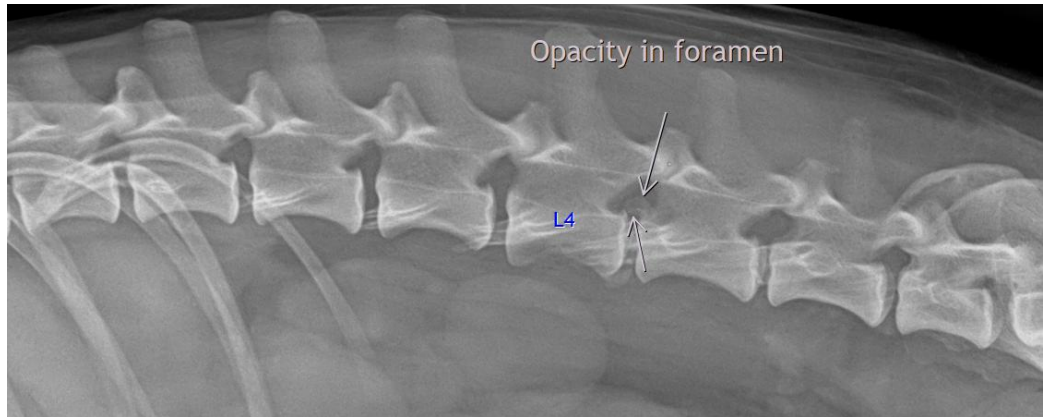
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDI, DVR**  
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