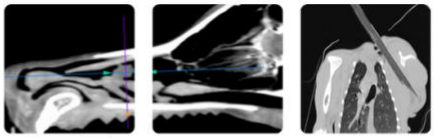


PATIENT

Jif 26-070 DVGRR

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

1 Year

WEIGHT

61.6 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ramsey

HOSPITAL NAME

New Holland Veterinary Hospital

REFERRING VET

Dr. Ramsey

INVOICE

14717

DATE

03/27/26

PRESENTING CLINICAL SIGNS

Possibly decreased menace - PLR intact; palpebral intact.

Spinal palp unremarkable

ataxia all 4 limbs, lift 1 limb and becomes unstable

delayed proprioception HL

On Prednisone - prior vet started, prior vet started on Methocarbamol with concern for IVDD.

RADIOGRAPHIC STUDY OF THORAX, ABDOMEN, SPINE AND PELVIS

R/L lateral and VD, totaling 10 non-DICOM images provided for interpretation.

Not dated

RADIOGRAPHIC FINDINGS

The body condition score is 5/9 with little s.c. fat.

Vertebral number is physiological. No evidence of osseous destruction or lysis is present along the spine. L4/5 shows ventral and lateral spondylosis. A double bony outline is present along the entire ventral border of L4 and on the cranial aspect of the vertebral body L5. The transverse processes of L5 are not clearly outlined on the VD view due to intestinal contents

The disc spaces L3-6 appear slightly reduced.

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 degree of pulmonary expansion is fair. 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 2.25 intercostal spaces. Chamber or outflow tract enlargement is not obvious.

Abdomen

The abdominal organs are surrounded by a small amount of fat; the fat in the retroperitoneal space is more obvious. Diaphragm and abdominal wall are intact.

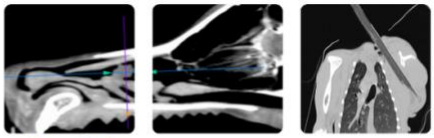
The liver is located within the costal arch, and the caudo-ventral lobe is blunted.

The head of the spleen appears physiological.

The stomach is moderately distended with food pellets. Distribution and size of the small intestinal loops appear physiological; their contents vary between undigested food and gas in the caudo-ventral jejunum and fluid in the rest of the small intestine. Colon and rectum contain unformed fecal matter.

Both renal shadows appear of similar and physiological size, shape and opacity. The bladder is moderately full, and the bladder neck is located cranial to the prostate.

A small prostatic shadow is partially visible cranial to the pubic brim, the rectum is slightly elevated.



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The sublumbar region appears physiological.

Hind Legs

The muscle mass on the left is reduced.

Pelvis

Left femoral head and neck are almost orthogonally orientated in relation to the femoral diaphysis. New bone surrounds the femoral neck and a small amount is present on the caudal acetabular edge. The region of the former physis shows an interrupted, lucent ring

RADIOGRAPHIC DIAGNOSIS

L hind

- Muscle atrophy
- Acute angle femoral neck/femoral diaphysis
- Radiolucent band region former proximal femoral physis
- NB femoral neck

L4/5

- Spondylosis, possibly chronic spondylitis

Incidental finding

- Prostatomegaly, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes on the left femur are compatible a proximal malunion. The apparent ring-like lysis could be the result of the new bone formation or may be due to osteolysis as occurs with metaphyseal osteopathy or infection. A frog leg position will help identify physeal separation or a partially bridged fracture line.

The changes affecting L4/5 are quite marked for such a young dog and diseases such as osteomyelitis (bacterial, fungal) and discospondylitis should be considered. 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. CT or MRI is recommended. Depending on the neurological examination, spinal fluid may have to be obtained for analysis. A CT of the hip joints is best included for a more accurate assessment of the femoral lesion, possible contrast enhancement in case of infection and possible surgical planning (e.g., femoral head and -neck excision).

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Teleradiology
Educational Teleconsultation Services™

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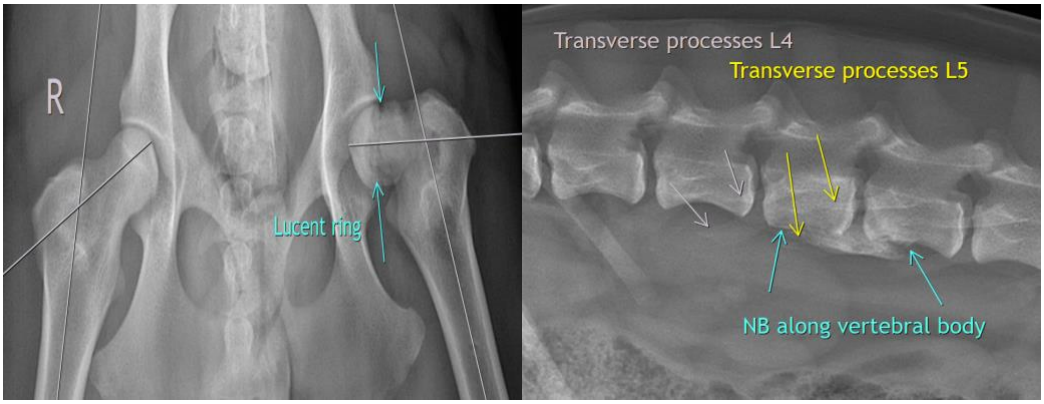

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Rudorf, DVM, Dr. med. vet., DipECVDI, DVR
info@sonopath.com