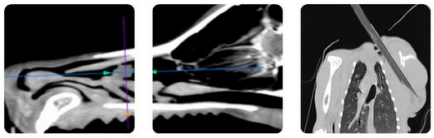

PATIENT

Ranger Michael

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1Y

WEIGHT

8.98lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal Hospital

REFERRING VET

Kim Allyn,DVM

INVOICE

74680

DATE

4-20-26

PRESENTING CLINICAL SIGNS

-Did not want to get up this morning and cried when picked up

-He was observed walked slowly and hunched over in the afternoon

-Suspects an issue with one of his hind legs

-Indoor-outdoor and resides in a barn at night

Abnormal PE/Chem/CBC/UA Results: PE: Coat/Skin: Multiple bite wounds with scabs and tufts of hair noted near the tail and back leg. Musculoskeletal: Hunched posture, slow movement, weakness and wobbly gait in hind legs, pelvis and hind legs structurally intact on palpation, pain noted in pelvic and tail region. Central Nervous System: Tail is hanging limp with no movement and no sensation on pinch, consistent with nerve damage to the tail.

RADIOGRAPHS OF THE PELVIS

R lateral and VD, totaling 2 radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

Caudal vertebra 1 is located dorsal and slightly to the right of S3. The caudal articular facets of S3 appear to be separated from the vertebra.

A crescent shaped bone structure is located caudal and lateral to the left ischial tuberosity. The symphysis widens caudally on the VD view and bone fragments are present ventral to the pubis. The os pubis is superimposed by the left femur appears to be more radiolucent and a fracture line might to be present cranial to the caudal femoral cortex. On the VD view an irregular lucent line is present in the R acetabulum.

RADIOGRAPHIC DIAGNOSIS

Spine:

- Fracture-luxation sacrococcygeal region

Pelvis:

- Symphyseal separation
- L ischial tuberosity growth plate fracture
- Possible unilateral fracture os pubis,
- Possible R acetabular fracture

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spinal changes explain the flaccid tail and are likely represent a tail-pull fracture. Micturition could be affected and should thus be carefully monitored. Existence of deep pain sensation 5 cm distal of the tail base predicts outcome of micturition problems shortly after trauma. Sacral and sacrococcygeal fractures should be treated surgically if there is a significant narrowing of the spinal canal or if the cat is in severe pain, indicating nerve root compression that does not respond to pain medication. There is an ongoing debate regarding stabilizing sacrococcygeal fractures/luxations over amputating the tail. Due to its weight, a paralyzed tail may apply continuous traction to the sacral and lumbar spinal cord segments if there are still a few intact nerve sheaths.

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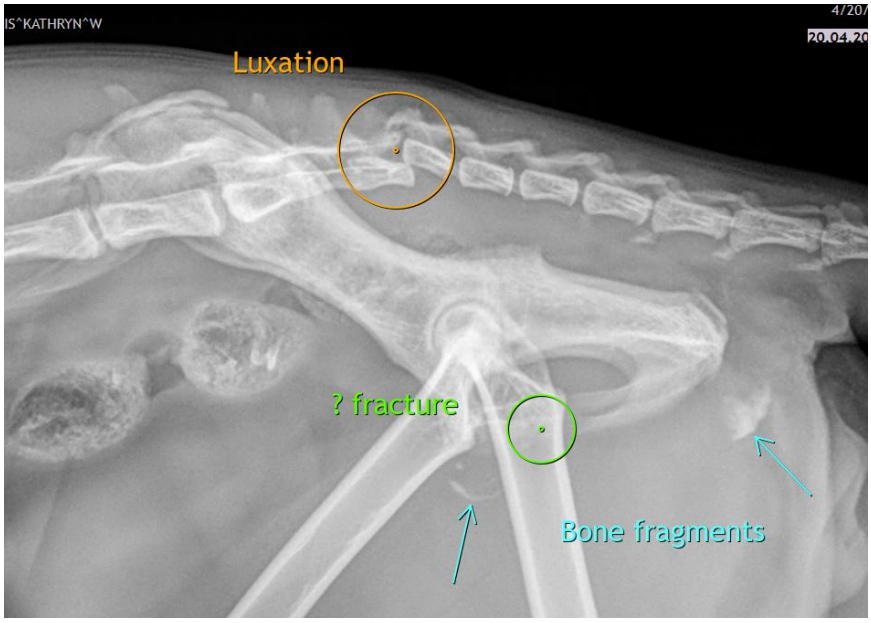
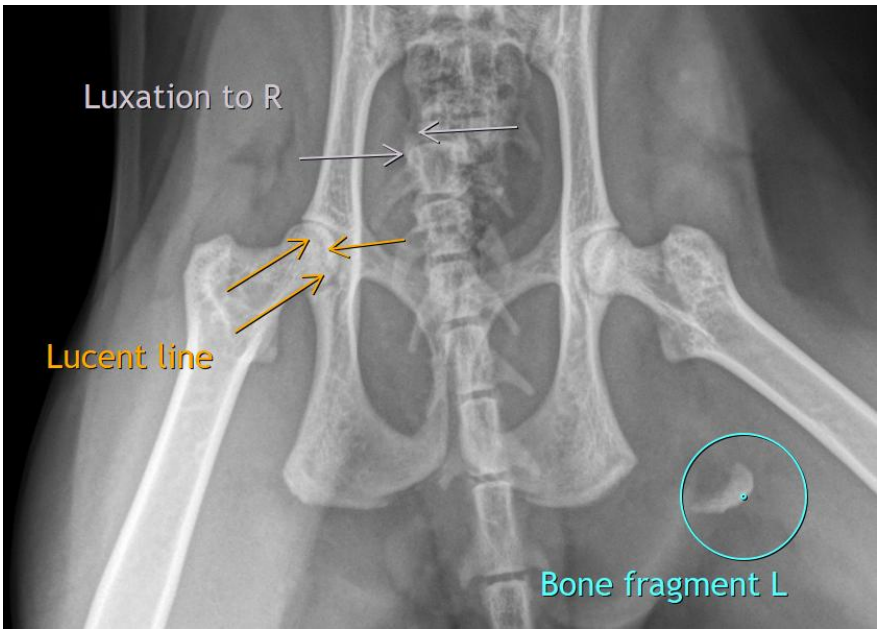
The pelvic pathology does not require further imaging, but it may be helpful to know if the right acetabulum is indeed fractured. Thus, a CT examination of pelvis and sacrococcygeal region is recommended. Examination of the thorax for pneumothorax and pulmonary contusion is also recommended.





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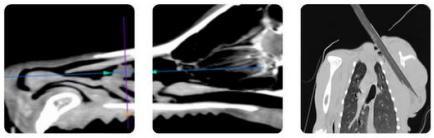

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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