



PATIENT

Bella Goerg

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

FS

AGE

3Y, 10M, 7D

WEIGHT

23kg

INTERPRETED BY

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

IMAGING PERFORMED BY

AMC

HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Geist

INVOICE

74750

DATE

4-22-26

PRESENTING CLINICAL SIGNS

Client presents Bella for an acute onset of sensitivity around the tail base. This morning, the client's wife observed Bella licking her perianal area and snapping around at it. When the wife attempted to lift Bella's tail to examine the area, Bella yipped and ran away. The client also attempted to lift the tail and noted a similar reaction. The client reports the tail is tucked and Bella seems to be clenching her buttocks. This behavior began sometime today after a normal morning. Client also expressed concern that Bella may have consumed something given to her by neighbors.

RADIOGRAPH OF THE L-SPINE

Lateral and VD, totaling four radiographs provided for interpretation.

RADIOGRAPHIC FINDINGS

A mild dorsal deviation of the soft tissues is located at the base of the tail where a wedge-shaped tail vertebra is located slightly more dorsal compared to the adjacent ones. The bony outline is smooth and uninterrupted.

Number and shape of the lumbar vertebrae are physiological; their surfaces are smooth. No evidence of osseous destruction or lysis is present along the spine.

A small osteophyte is present on the facet joints L4-6.

The disc spaces appear to be relatively even. A small, calcified structure is present in the intervertebral foramen (IVF) just dorsal to the caudal endplate of L6.

RADIOGRAPHIC DIAGNOSIS

- L6/7 mineral opacity IVF
- Wedge shaped vertebra tail

Incidental findings:

- L4-6 facet arthropathy, mild
- Bilateral HD, mild

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The smooth outline of the wedge shaped vertebra suggests a congenital anomaly. 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. In case neurological deficits and/or severe pain unresponsive to medical management, are present, CT or MRI will be necessary.

Full/inflamed anal glands should be ruled out.



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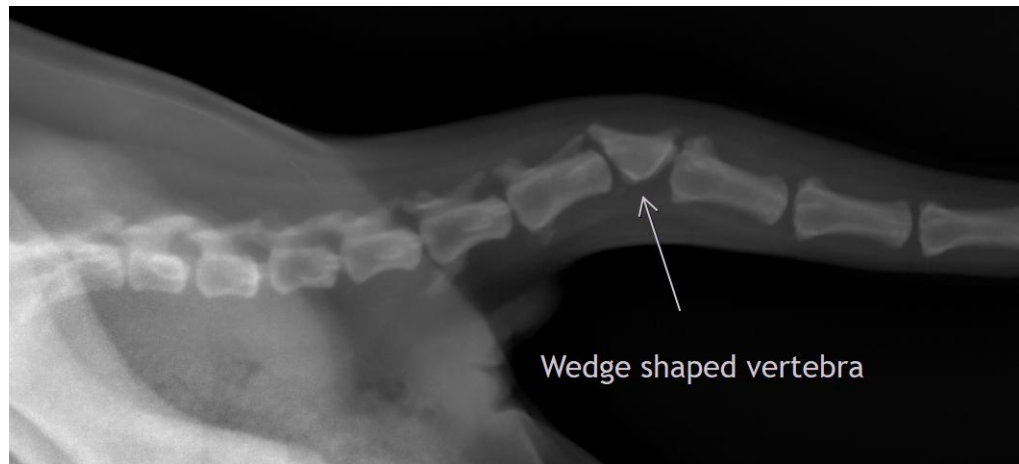
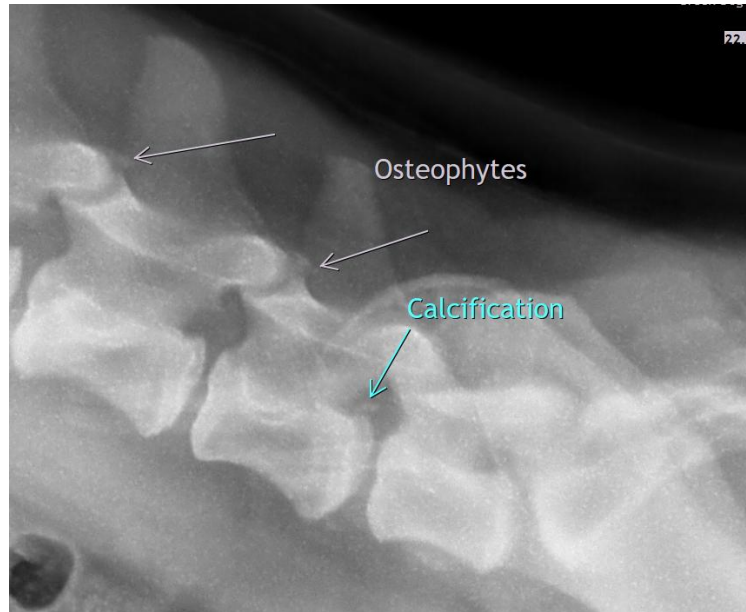
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com