



PATIENT PRESENTING CLINICAL SIGNS

Cinder Forget Me Not
Rescue

History of incontinence (urinary and fecal), weakness in back legs. Left 13th rib looks to be missing and L7 seems shortened.

SPECIES RADIOGRAPHIC STUDY OF THE L-SPINE

Feline

The skin surface is indented by the facet joints between T12 to L2.

BREED

DSH

Skeletal immaturity compatible with the given age is noted. A kyphosis is present at the thoracolumbar junction and rib 13 on the left is difficult to see. Number and shape of the lumbar vertebrae appear to be physiological; the sacral vertebral bodies are not fused. No signs of aggressive osteolysis have been identified.

SEX

Female

The proximal aspect of the cranial endplate of L1 appears to be slightly more proximal located than the others. The ventral half of the T13/L1 disc space is reduced on the lateral view. On the VD view a line drawn through the centre of the thoracic spine and the one drawn through the centres of the lumbar vertebrae meet at T13/L1.

RADIOGRAPHIC DIAGNOSIS

AGE

10 Weeks

- Unfused sacrum
- Partial or complete absence of rib 13 on the left
- Possible ventral disc space narrowing T13/L1
- Possible endplate variation cranial L1

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

L7 is always the shortest of the lumbar vertebrae and the absence, or partial absence, of a rib represents a transitional vertebra which, per se, is of no clinical significance. The kyphosis is probably due to an awake patient.

HOSPITAL NAME

Windemere VH

The outline of the vertebral bodies should be even ventrally and dorsally; however, this depends very much on accurate positioning, which is difficult, even under G.A., and thus the significance of the endplate position (which may indicate a physal slip) is questionable. The same goes for the ventral disc space narrowing at the same level. Cord compression can only be identified with myelography or in cross sectional imaging. Depending on the severity of the clinical signs, CT or MRI should be considered. Should surgical intervention not be indicated, the prognosis for a full recovery is guarded at best.

REFERRING VET

Dr. Sherif Boctor

TECHNICAL COMMENTS

INVOICE

14953

Non-DICOM images have been submitted. The transformation from DICOM to other picture formats reduces the image quality and only allows limited manipulation of the image. More subtle

DATE

4/29/22



PATIENT

lesions can thus easily be missed. For the best possible imaging reports, I suggest submitting DICOM images in the future.

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BREED

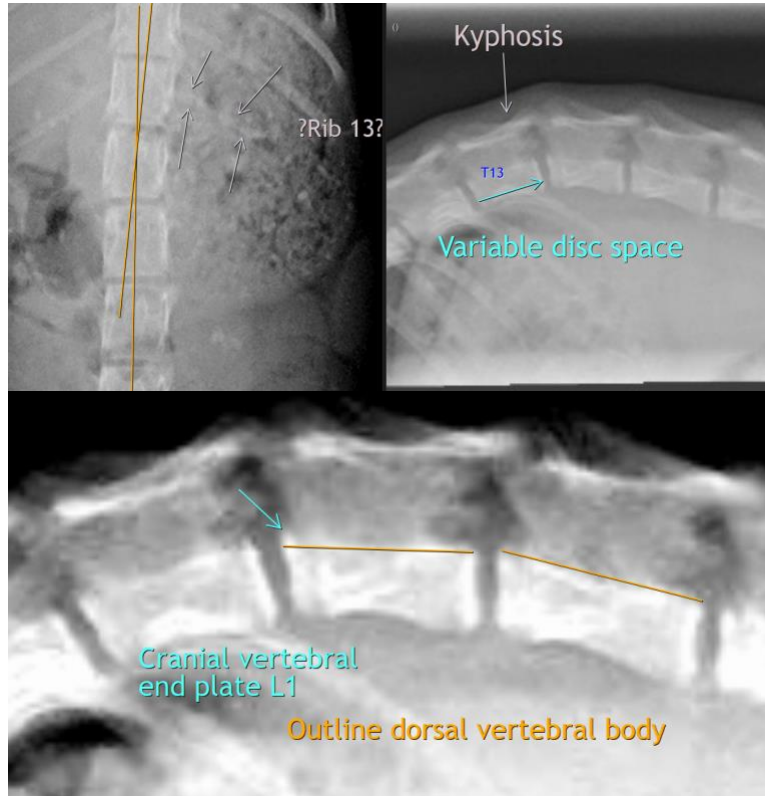
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Windemere VH

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
dr.h.rudorf@gmail.com

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