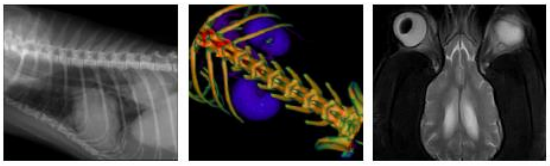

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Brutus John

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

2 Years 2 Months

INTERPRETED BY

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

HOSPITAL NAME

Gentle Doctor AH

REFERRING VET

Dr. Thorson

INVOICE

21917

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History of intermittent pain on left side near pelvis for past month. Improves on Rimadyl & Gabapentin but worsens again when only on Rimadyl. Diagnosed with lumbosacral discospondylitis on previous radiology consult. Full spinal radiographs and chest films attached.

Abnormal PE/Chem/CBC/UA Results: Chemistry/CBC/UA/Urine culture pending

RADIOGRAPHIC STUDY OF THORAX AND C-SPINE

Thorax

The body condition score is 9/9 with smooth alternating layers of fat and soft tissue opacity.

The bony structures appear physiological.

The lungs are in contact with the thoracic boundaries and the tips are pointed. The lobar vessels are clearly visible to the tertiary branches. The bronchial tree is thin walled and tapers uniformly towards the periphery.

The cardiac silhouette occupies 75% of the chest height and approx. 2.5 intercostal spaces. No chamber or outflow tract enlargement is evident. The other mediastinal structures also appear physiological.

Entire Spine

The LS junction shows new bone on the ventral aspect of L7, extending towards the disc space, where it is slightly irregular. The disc space appears reduced with an irregular outline of the endplates. No other signs of aggressive osteolysis have been identified. I can see no soft tissue mass in the sublumbar region.

Smooth, bridging spondylosis is located ventral to L1/2 and the disc space appears narrow. Four sacral vertebrae appear to be present.

RADIOGRAPHIC DIAGNOSIS

- Healing discospondylitis LS junction
- Possible disc disease L1/2

Incidental findings

- Possible transitional or supernumerous vertebra
- Spondylosis
- Obesity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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. Lysis of the LS-endplates does not seem to have progressed and the ventral new bone is an indication for the attempted stabilization. CT or MRI will be necessary to identify early endplate destruction on sites other

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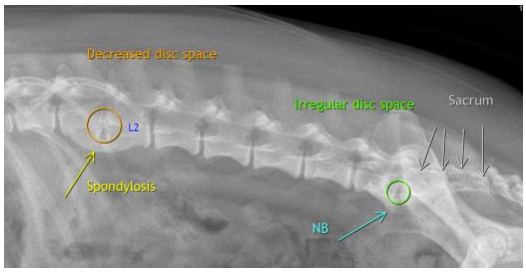
than the LS junction (e.g. L1/2); spinal cord compression/involvement will also be visible. In case antibiotic treatment has not been used, urinalysis with bacteriology and sensitivity is recommend. CSF analysis may be needed if this examination is unrewarding and clinical signs progress.

TECHNICAL COMMENTS

Rotation



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
dr.h.rudorf@gmail.com