



## PATIENT

Hemingway Cox

## SPECIES

Feline

## BREED

DSH

## SEX

NM

## AGE

12Y

## WEIGHT

12.6lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Valentina

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

Dr. Rivera

## INVOICE

74892

## DATE

5-5-26

## PRESENTING CLINICAL SIGNS

decreased activity and reluctance to move x 2 weeks. Acute onset of vocalization and apparent pain with movement noted Wednesday morning, accompanied by inappetence. Marked favoring of hind limbs with recent onset of pain, discomfort, and stiffness.

Abnormal PE/Chem/CBC/UA Results: 1) CBC: WBC 20.81 (2.87-17.02), NEU 16.78 (2.30-10.29) 2) CHEM: GLOB 5.6 (2.8-5.1) 3) TT4: WNL 4) FeLV/FIV/HW snap test: Negative 5) UA (void): SG 1.046, BLD 25 Ery/uL, WBC < 1/hpf, RBC 3/hpf Assessment: Sensitive on rear end?: r/o nerve pain vs. OA vs. soft tissue injury vs. other PD 4/4 Inappetent: r/o pain vs. oral disease vs. other Mild leukocytosis, neutrophilia: r/o inflammation vs. infectious vs. othe

## RADIOGRAPHS OF L-SPINE AND PELVIS

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

## RADIOGRAPHIC FINDINGS

### L- spine

The surrounding soft tissue structures appear physiological. A moderate amount of intra-abdominal fat is present.

No evidence of osseous destruction or lysis is present along the spine.

LS-junction: the disc space is reduced with a centrally located, tiny calcified opacity. The endplates are sclerotic and ventral spondylosis is present.

Pelvis: osseous and surrounding soft tissue structures of the pelvis are within normal limits. The center of both femoral heads is located medial to the respective dorsal acetabular edge. Both coxo-femoral joints present smooth osseous margins and congruent joint spaces.

## RADIOGRAPHIC DIAGNOSIS

LS junction:

- Reduced disc space
- Sclerosis endplates
- Spondylosis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are highly suggestive of LS disc disease. Cross sectional imaging would be necessary to confirm this, especially if surgical intervention is considered. Conservative management may already improve the clinical signs.



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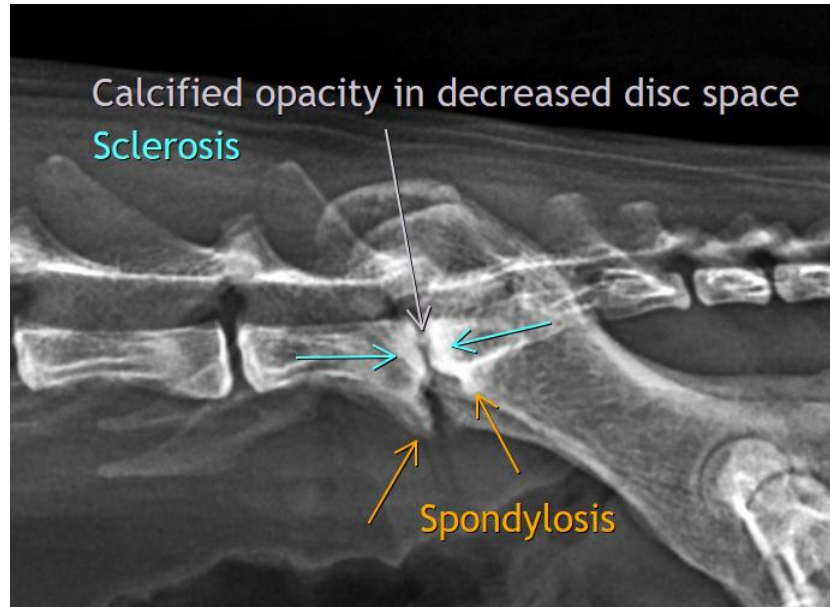
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)