

**PATIENT**

Prince Villanela

**PRESENTING CLINICAL SIGNS**

P has been getting neck spasm has hx of neck arthritis.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF C- AND T-SPINE**

2 x lateral, 1x DV thorax, 2x lateral and 1x VD abdomen

**BREED**

Chihuahua

**RADIOGRAPHIC FINDINGS**

A large amount of subcutaneous fat is located dorsal to the lumbar spine.

No structural alterations or signs of aggressive osteolysis are evident along the thoracic and lumbar spine. The facet joints in the cervical region are well outlined and smooth.

**SEX**

MN

Rib 13 on the L is thicker and shorter than on the R. Rib 8 on the R is slightly medially located.

The pelvic canal is narrowed on the L due to the medial displacement of the acetabulum. Smooth new bone surrounds acetabulum and femoral head. On the lateral view the dorsal component of the acetabulum is dorsally displaced, and the joint space is increased.

**AGE**

6 Years

**RADIOGRAPHIC DIAGNOSIS**

- Old L acetabular fracture
- Pelvic canal narrowing on L
- Asymmetry of ribs 13

**INTERPRETED BY**Heike Rudolf, DVM,  
Dr. med. Vet.,  
DipECVDI DVR**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. Depending on the severity of the clinical signs, which may necessitate surgical intervention, CT or MRI will be necessary.

The pelvic fracture is unlikely to be the cause for the clinical signs as it is long standing.

**HOSPITAL NAME**Animal Paradise  
Hospital**TECHNICAL COMMENTS**

Movement blur on one abdominal view

**REFERRING VET**

Dr. Mostafa Elshafie

**INVOICE**

47260

**DATE**

8-30-21



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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**  
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