

**PATIENT**

Beau Clifton

PRESENTING CLINICAL SIGNS

Acute onset weakness hind end when rising from lateral position. Weakness RH, cannot stand. Abnormal PE/Chem/CBC/UA Results: Back pain mid thoracic, lumbar. CP absent RH. CP rest of limbs WNL. Rest of neuro normal

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE L-SPINE

1x lat. C1- T12-spine, 1x lat. T13-tail, 1x VD thorax, 1x VD abdomen

BREED

Gordon Setter

Lumbar spine requested.

RADIOGRAPHIC FINDINGS

The lumbar dorsal spinous processes are closely located to the skin surface.

SEX

No signs of aggressive osteolysis are evident along the spine.

MN

Some lumbar facet joints appear slightly incongruent. The distance between cranial facet of S1 and vertebral body is reduced at the LS level and the intervertebral foramen appears small.

AGE

13 Years

The disc spaces are of homogeneous width.

RADIOGRAPHIC DIAGNOSIS

- Suggestive of Cauda equina syndrome

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reduced height of the spinal canal at the LS junction could potentially cause compression of the cauda equina. 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. The clinical signs may require surgical intervention and thus CT or MRI is recommended.

HOSPITAL NAME

Pinebrook Animal
Hospital

REFERRING VET

Dr. Britt Dubil

INVOICE

47388

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9-13-21



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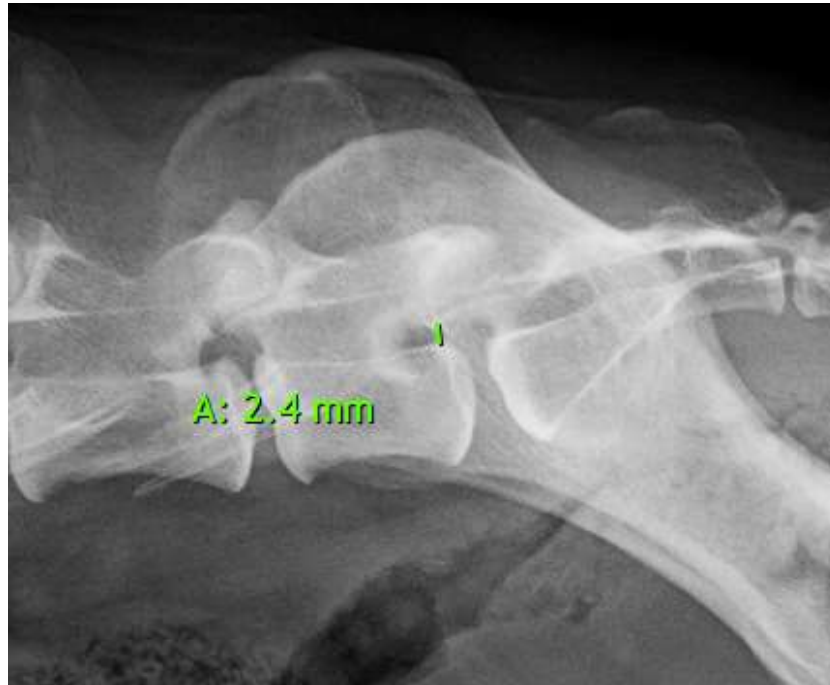
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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., DipECVDDI, DVR
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