



## PATIENT

Tucker Pillig

## SPECIES

Canine

## BREED

Mini Aussie

## SEX

NM

## AGE

5Y

## WEIGHT

46.7

## INTERPRETED BY

Dr. Leticia Utsch MV

## IMAGING PERFORMED BY

Mallory Frois

## HOSPITAL NAME

The Pet Hospital of Stratford

## REFERRING VET

Dr. Claudia Giuliani

## INVOICE

75024

## DATE

5-18-26

## PRESENTING CLINICAL SIGNS

Over the past few weeks p having a hard time getting up from sitting or laying position. P painful when o tries to pick up and will randomly cry out. Hesitant to do stairs and hard time jumping up on bed/couch. No known trauma.

Abnormal PE/Chem/CBC/UA Results: Gained 5 lbs. No lameness, no pain elicited on palpation of spine or extension of hind legs.

## RADIOGRAPHIC STUDY OF THE PELVIS, LUMBOSACRAL SPINE AND STIFLES

Radiographs of the pelvis and stifles in one imaging plane are provided for review. Radiographs of the lumbosacral spine and stifles in three planes are provided for review.

## RADIOGRAPHIC FINDINGS

### Pelvis

The hip joints are congruent.

There is no evidence of degenerative joint disease.

The right patella is centrally located. The left patella appears laterally displaced due to positioning.

Soft tissues are unremarkable.

### Stifles

The stifle joints are congruent.

The long bones show no signs of fractures.

No evidence of degenerative joint disease.

Soft tissues are unremarkable.

### Lumbosacral spine

Disc spaces present normal width.

No vertebral body lesions are seen.

No signs of spondylosis.

## RADIOGRAPHIC DIAGNOSIS

- Normal appearing pelvis;
- Normal appearing stifles;
- Normal appearing lumbosacral spine.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Despite the absence of significant radiographic abnormalities, the reported clinical symptoms remain concerning for neurologic or orthopedic disease involving soft tissues. Lumbosacral stenosis and intervertebral disc disease should still be considered possible differential diagnoses, as these conditions are often not apparent on survey radiographs. Correlation with orthopedic and neurologic examination findings is recommended. Conservative management and activity modification may be considered



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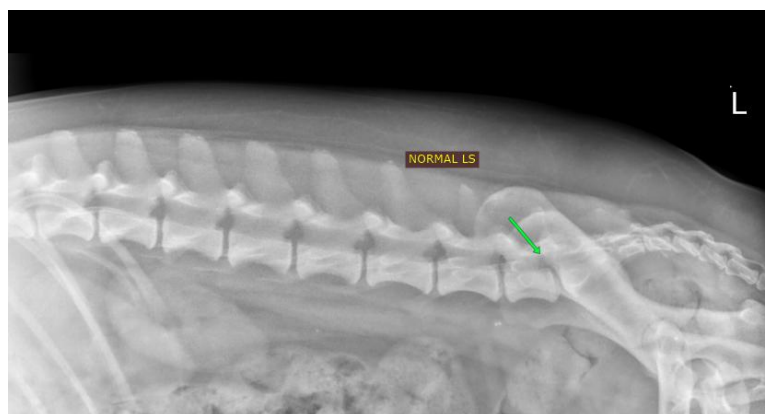
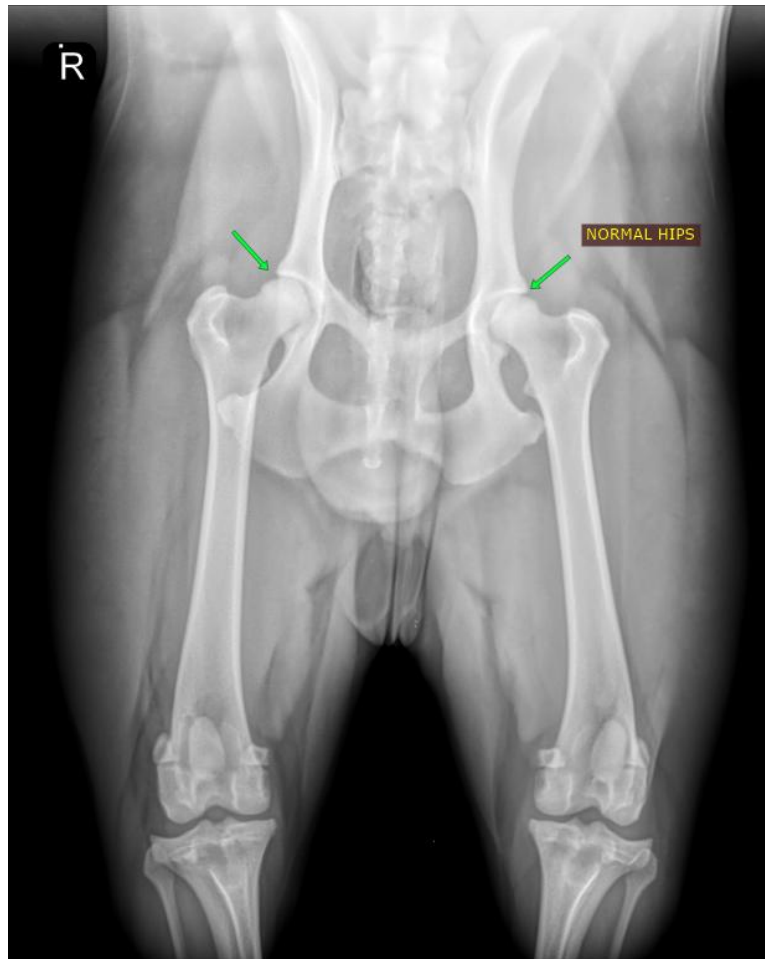
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initially if clinically appropriate. Advanced imaging (CT/MRI), neurologic consultation may be beneficial if clinical signs persist or progress.





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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.

**Dr. Leticia Utsch MV**

[info@sonopath.com](mailto:info@sonopath.com)