



PATIENT

Linkin Fingerlos

SPECIES

Canine

BREED

Rough Collie

SEX

Male

AGE

6 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Leon Anderson, DVM

INVOICE

49269

DATE

1-3-22

PRESENTING CLINICAL SIGNS

Approx. 1 year ago Linkin started coming up lame after herding. Dr Chris diagnosed it as iliopsoas . April thinks the stairs contribute to it, but they notice it after herding. Linkin's maternal grand dam's litter mate and litter mate sister both had arthritis and had it very badly. Linkin has a history of arthritis in the dam's side of the pedigree and April isn't sure about the sire. Flash appears to be unaffected and she is Linkin's dam. April wants to verify and eliminate the possibility of arthritis before moving forward with any treatment. April wants T11 checked and all the way to the Sacral. He has a hard time getting up from laying down, very rarely he will get up like his back leg is asleep and it takes a few steps to start using it. He isn't in any competition that requires jumping but has no problem jumping on the bed. He left rear bows out a little bit. April has tried acupuncture, laser, E.stem, rest, ice packed it, and April is wanting to figure out a possible underlying cause. The rehab vet sees him twice a month. Linkin is MDR1 mutant/mutant. December 20th was the last acupuncture session. The left rear leg is the main issue.
Abnormal PE/Chem/CBC/UA Results: ABDOMEN - MILDLY GUARDED ON DEEP PALPATION, HORACOLUMBAR TENDERNESS WITH PALPATION. FULL EXTENSION OF HIPS IS RESISTED. ILLIOPSOAS COMFORTABLE TODAY. Ambulatory X 4, normal gait. Neck and tail are normal. Limb palpation is normal. No loss of proprioception. teeth - MILD TARTAR ON FRONTS

RADIOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE

Lateral and ventrodorsal views of the lumbar spine totaling 6 images available for review. The thoracic spine is included from T9 onwards caudally. The lumbosacral junction is also included.

RADIOGRAPHIC FINDINGS

There is an asymmetric thoracolumbar transitional vertebra with a left sided rib which is referred to as T13 throughout the report.

Moderate ventrally bridging spondylosis is noted between T10 and T11.

Number, alignment, and anatomy of the lumbar vertebrae are considered within normal age related limits.

Moderate L2/3, L3/4, L5/6, and L6/7 spondylarthroses are seen.

RADIOGRAPHIC DIAGNOSIS

- Series of moderate spondylarthroses within the lumbar spine from L2 through L7.
- Congenital asymmetric thoracolumbar transitional vertebra.
- Moderate spondylosis T10/11.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spondylarthroses may contribute to pain and decreased mobility of the lower back. There is a spondylosis within the caudal thoracic spine between T10 and T11 which may be associated with intervertebral disc disease; however, clinical significance is not necessarily given. The thoracolumbar transitional vertebra is typically an incidental finding that is not of clinical significance.



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Depending on the severity and development of the clinical signs, cross sectional imaging, ideally an MRI, could be considered at some point to further evaluate for radiographically occult spinal pathologies such as disc hernia, other myelopathies, or neuropathies as well as to get a better impression of the significance of the relatively mild radiographically changes which are currently present.

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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.

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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.

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