

**PATIENT**

Manster Gary

**PRESENTING CLINICAL SIGNS**

Episodes of repeated cervical spine dorsal flexion (stretching neck upwards repeatedly) over past year. On PE, painful on palpation of caudal thoracic spine. Only mild improvement with NSAID, gabapentin, and rest.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Attaching most recent labs

**BREED**

Schnoodle

**RADIOGRAPHIC STUDY OF THE CERVICAL, THORACIC, & LUMBAR SPINE**

Lateral views of the cervical, thoracic, and lumbar spine and orthogonal views of the thoracolumbar spine totaling 5 images available for review.

**RADIOGRAPHIC FINDINGS**

Number, alignment, and general anatomy of the cervical vertebrae present within normal limits.

**SEX**

Male

The formation of the odontoid peg is within normal limits. No evidence of craniocervical instability is seen.

Number, alignment, and general anatomy of the thoracic vertebrae present within normal limits.

**AGE**

12

There is no evidence of aggressive bone lesions, discospondylitis, or traumatic osseous injury throughout the cervical, thoracic, or lumbar spine noted.

A congenital lumbosacral transitional vertebra is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Mineralization of the L2/3 intervertebral disc is noted.

**RADIOGRAPHIC DIAGNOSIS****HOSPITAL NAME**

Albany Animal  
Hospital

- Lumbosacral transitional vertebra.
- Chondroid disc degeneration L2/3 - otherwise, radiographically normal cervical, thoracic, and lumbar spine.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Traumatic osseous injury, aggressive bone lesions, or discospondylitis are not evident radiographically. Other spinal pathology would require further workup by means of cross sectional imaging such as CT or an MRI, which could be considered depending on the severity and development of the patient's clinical signs.

**REFERRING VET**

Dr. Sara Spangler

**INVOICE**

47662

**DATE**

10-4-21



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Manster Gary

**SPECIES**

Canine

**BREED**

Schnoodle

**SEX**

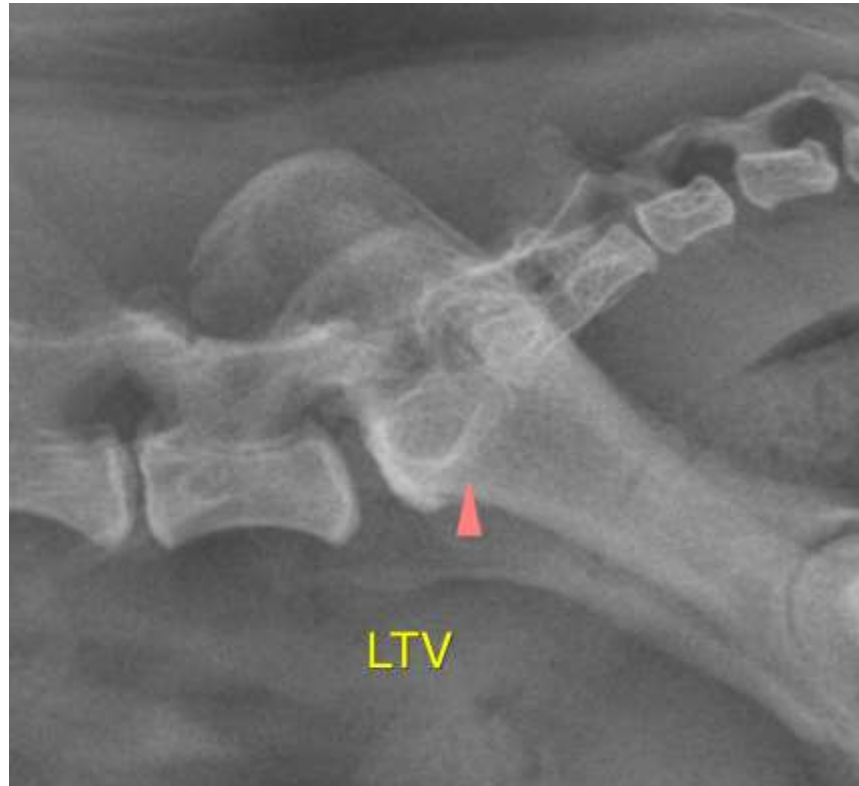
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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