

**PATIENT**

LUIGI DE LA TORRE

**PRESENTING CLINICAL SIGNS**

History: P IS A 7Y4M OLD INTACT MALE SHIH-TZU PRESENTING TODAY FOR LIMPING L HIND LEG GOING ON 4-5 DAYS. TODAY P NOT WALKING AT ALL. O STATES P WAS LET OUT IN BACK YARD CAME BACK INSIDE HAD TO GO OVER 1 STEP AND CRIED WAS LIMPING BUT WEIGHT-BEARING. YESTERDAY P NOT WANTING WALK WAS ABLE TO GET TO FOOD BOWL BUT NOT MOVING AROUND OTHERWISE. P WAS OUT WITH OTHER DOG IN FAMILY O STATES PETS GET ALONG WELL USUALLY RUN AND PLAY IN YARD. NO OTHER PROBLEMS/CONCERNS. Acute onset pain/hindlimb ataxia 1.5 weeks ago, improved with rest then has progressively worsened over the past 5 days.

**SPECIES**

Canine

**BREED**

Shih Tzu

Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: Large amt rust brown dx AS with moderate inflammation Oral Cavity: N Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: N Uro/Perineum: N Musculoskeletal: very painful T11-12. No neck pain. Normal ortho exam of rear legs.

**SEX**

Male

**RADIOGRAPHIC STUDY OF THE LUMBAR SPINE**

Lateral and ventrodorsal views totaling 2 images available for review.

**RADIOGRAPHIC FINDINGS****AGE**

7 Years

Mild intervertebral disc space narrowing appears to be present within the caudal thoracic spine at T12/13 and cranial lumbar spine at L1/2. Otherwise, the general anatomy and alignment of the visible thoracolumbar vertebrae present within normal limits.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Prostatic enlargement is noted.

**RADIOGRAPHIC DIAGNOSIS**

- Suspect intervertebral disc disease T12/13 and L1/2.

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic findings suggest potential for intervertebral disc disease within the caudal thoracic and cranial lumbar spine at T12/13 and L1/2. The changes may reflect uncomplicated degenerative disc disease, however, concurrent disc hernia and compressive myelopathy cannot be ruled out. If that is a primary suspicion in this patient, further definition by means of cross sectional imaging such as CT or MRI would be necessary.

**REFERRING VET**

Dr. Feldt

**INVOICE**

48141

**DATE**

11-1-21



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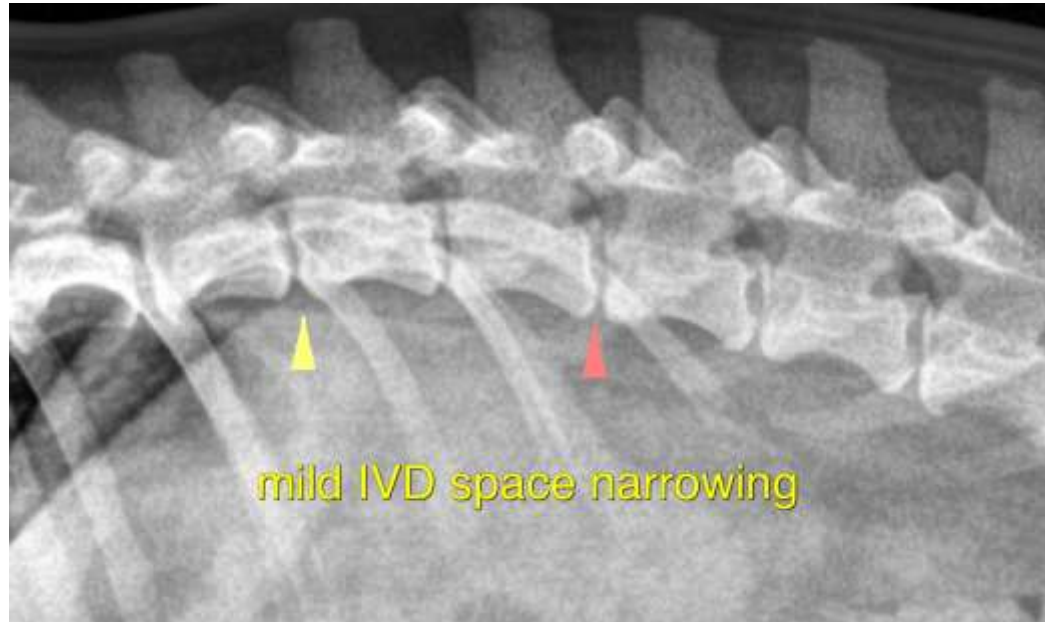
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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