



PATIENT

Tiearne Gough

PRESENTING CLINICAL SIGNS

11 y/o female spayed, has weak back legs, bilateral loss of patellar reflex, right leg worse, bilateral absence of withdrawal reflex for hind legs, some functionality of back legs, but partially dragging and staggering

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE LUMBAR SPINE

Lateral views of the thoracolumbar spine, ventrodorsal view of the pelvis, and lateral views of the stifles available for review.

BREED

Collie

Spinal read requested.

SEX

Spayed Female

The patient is obese.

The lumbosacral junction presents within normal limits.

Mild spondylarthrosis is noted between L3 and L4.

AGE

11 Years

Severe ventrally bridging spondyloses are seen between L1/2, L2/3, and L3/4.

Significant vertebral end plate sclerosis and intervertebral disc space narrowing is noted between L1 and L2.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Vertebral end plate sclerosis and lateralized spondylosis deformans is present between L2/3 and L3/4.

Mineral opaque foci superimpose with the left kidney.

HOSPITAL NAME

Wilson Road
Veterinary Clinic

The visible thoracic vertebrae T1 through T7 present within normal limits regarding their alignment and general anatomy.

The coxofemoral joints present within normal limits.

REFERRING VET

Dr. Yessa

A small enthesophyte is seen cranial to the cranial margin of the left acetabular groove which, however, appears to be outside of the joint.

RADIOGRAPHIC DIAGNOSIS

- Evidence of chronic intervertebral disc disease between L1/2, L2/3, L3/4.
- Mild spondylarthrosis L3/4.
- Obesity
- Hypercalcemic nephropathy

INVOICE

55567

DATE

12-13-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals evidence of chronic intervertebral disc disease within the cranial lumbar spine between L1 and L4. These changes may reflect uncomplicated degenerative disc disease however concurrent disc hernia and compressive myelopathy cannot be ruled out. Disc hernia and other potential differential diagnoses would require further definition by means of cross sectional imaging such as an MRI or less ideal, a CT, in this patient. No evidence of aggressive bone lesions was found.

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

INVOICE

55567

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.

DATE

12-13-22

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