



PATIENT

Daphne Kirschman

SPECIES

Canine

BREED

Sheltie

SEX

Female Spayed

AGE

15Y, 5M

WEIGHT

18.2lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Allison

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Dr. Jen Redus, DVM

INVOICE

73857

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- Tripping and falling on hind end. Chronic cough.

Abnormal PE/Chem/CBC/UA Results: Nose/Throat: Harsh dry cough elicited with tracheal palpation. Musculoskeletal: Paraparesis of hind limbs; slow to absent central proprioceptive reflexes; very thickened stifle on left side; chronic cranial cruciate ligament trauma suspected Central Nervous System: Slow to absent central proprioceptive reflexes in hind limbs.

RADIOGRAPHIC STUDY OF THE THORAX, PELVIS, & STIFLES

Three-view study of the thorax, mediolateral and craniocaudal views of both stifles, and lateral and ventrodorsal views of the pelvis totaling 10 images available for review.

RADIOGRAPHIC FINDINGS

Thorax

Severe bilateral elbow osteoarthritis is noted.

The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The VHS is 9. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

Redundant dorsal cervical trachea ligament is noted.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lungs present age related changes. No evidence of masses, nodules, or consolidation is seen.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Lumbar Spine/Pelvis

The lumbar spine and pelvis are normal in alignment and bone structure. No evidence of aggressive bone disease, fractures, or dislocations is seen.

Stifles

The left stifle presents severe osteoarthritis with articular swelling compatible with chronic cranial cruciate ligament injury or other degenerative arthropathy.

The right stifle presents within normal limits.

Disuse atrophy of the left hind limb musculature appears to be present.

Bilateral tarsal joint osteoarthritis is noted.

RADIOGRAPHIC DIAGNOSIS

- Severe left stifle osteoarthritis potentially associated with chronic cranial cruciate ligament



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injury.

- Radiographically normal right stifle.
- Severe bilateral elbow osteoarthritis.
- Bilateral tarsal osteoarthritis.
- Redundant dorsal tracheal ligament of the cervical trachea; otherwise, normal age related lung and normal radiographic presentation of the heart.
- Normal radiographic presentation of the lumbar spine and pelvis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The radiographic presentation of the thorax is within age related normal limits. Redundancy of the dorsal tracheal ligament can be associated with dynamic tracheal disease, however, in many cases, this is not clinically significant.

The patient's gait abnormality and paraparesis of the hind limbs are most likely secondary to neurologic disease and not related to the left stifle osteoarthritis and bilateral tarsal osteoarthritis. Correlation with the clinical neurological examination is recommended. Further definition by means of cross-sectional imaging such as an MRI could be considered in case of persisting or deteriorating neurologic signs.





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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 (Ondreka), DVM, Dr. med. vet., DipECVDI

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