



PATIENT

Abby Lyness-Torres

SPECIES

Canine

BREED

Pekingese

SEX

FS

AGE

13 Years, 3 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bergen County
Veterinary Center

REFERRING VET

Dr. Halloran

INVOICE

50465

DATE

2-21-22

PRESENTING CLINICAL SIGNS

The patient has an acute onset pain and difficulty walking. The O feels that she doesn't stand with completely straightened pelvic limbs - she seems to have weakness in the hind end and has a sloped back. Last year, she had a hx of IVDD and ventral slot surgery on C5-6 and C6-5. On exam, she was normothermic with a mid-lumbar spinal sensitivity and bilateral iliopsoas pain. She has a mild generalized ataxia, but she has had a history of R hemiparesis and mild ataxia since her neurosurgery.

RADIOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE

Lateral and ventrodorsal views of the thoracolumbar spine totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

The patient has 13 thoracic vertebrae, however, the last thoracic vertebra T13 has vestigial ribs and transverse processes resembling a lumbar vertebra.

The intervertebral disc spaces are even in width. The alignment of the vertebrae is considered within normal limits.

No evidence of abnormal opacities is seen superimposed onto the vertebral canal or neuroforamina.

There is no evidence of vertebral subluxation or aggressive bone disease.

The coxofemoral joints present a moderately dysplastic conformation with severe secondary osteoarthritic findings.

The muscle volume of both hind limbs appears to be reduced.

The abdominal wall is pendulous.

RADIOGRAPHIC DIAGNOSIS

- Thoracolumbar transitional vertebra.
- Severe bilateral coxofemoral joint osteoarthritis secondary to canine hip dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No osseous pathology of the spine is noted other than presence of a thoracolumbar transitional vertebra.

The iliopsoas pain may be transferred from the hips. Secondary iliopsoas myopathy, because of the coxofemoral osteoarthritis and increased laxity of the hips, is a potential as well.

The concurrent presence of other spinal disease including intervertebral disc disease and other myelopathy cannot be ruled out and would require further definition by means of cross sectional imaging if indicated per clinical signs.



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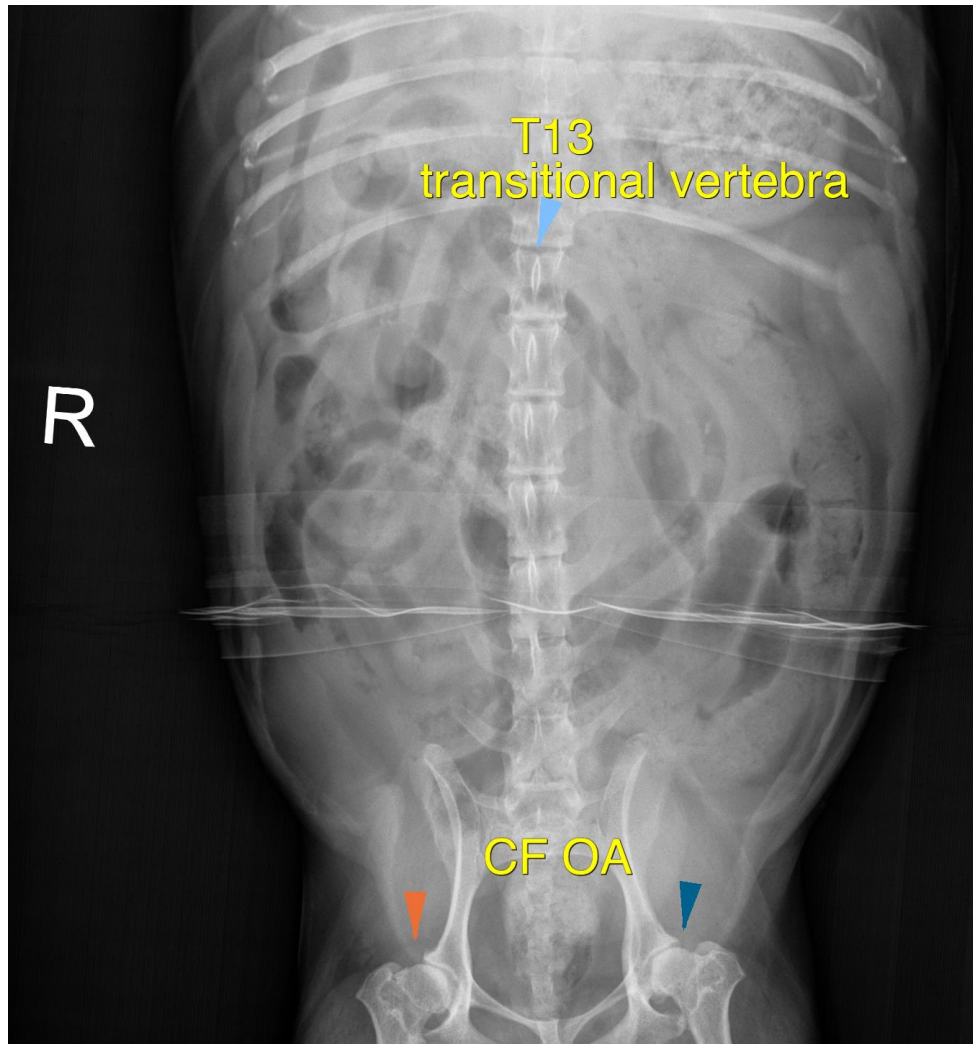
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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