



**PATIENT**

Layla McPhillips

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

FS

**AGE**

6 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr Jeffery Biskup

**INVOICE**

56854

**DATE**

2-21-23

**PRESENTING CLINICAL SIGNS**

presentede for a chronic abnormal forelimb gait and suspected angular limb deformity, hindlimb weakness. The right forelimb lameness was initially noticed several years ago. When Layla was 1 year old, the owners came home to her appearing in pain and she has displayed an abnormal gait described to be uncoordinated with a pelvic sway as she walks. The owners reported that her breathing has also worsened over time and she has been more exercise intolerant. The owners have also noticed that her weight has been fluctuating and she has been gaining weight despite offering her a very small amount of food. Layla has had a previous history of: Medial patella luxation (bilateral, mild) Hypothyroidism Tracheal collapse Gastroenteritis Dental disease - multiple extractions performed Last bloodwork was performed in November 2022 which was unremarkable. Layla current medications thyroxine tablets. Layla is currently eating a mixture of dental kibble and weight management diet, with no history of allergies . Layla is UTD on vaccines. Abnormal PE/Chem/CBC/UA Results: RESP: No crackles/wheezes, however moderate-marked upper respiratory noises heard INTEG: No masses palpable, however limited due to body condition. MS: Ambulatory x 4 with mild left hindlimb lameness Neuro: CP x 4, no significant back pain, however will tense up on neck palpation. Resistance on ventroflexion of the neck. Ortho: Mild discomfort on left elbow palpation. Non repeatable discomfort elicited on LEFT biceps palpation. Grade 3/4 left medial patella luxation and Grade 2/4 right medial patella luxation.

**COMPUTED TOMOGRAPHIC STUDY OF THE SPINE, FRONT, & HIND LIMBS**

Plain and post contrast studies in bone and soft tissue windows available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

**Hind Limbs**

The patellae are in situ at the time of the examination. However, both stifle joints present moderate osteoarthritic changes accentuating the femoral patella joints. Mild articular swelling of both stifle joints is noted as well.

The coxofemoral and tarsal joints present within normal limits.

No significant angular limb deformity is noted in the hind limbs.

**Spine**

Number, alignment, and general anatomy of the cervical, thoracic, and lumbar vertebrae present within normal limits. The intervertebral disc spaces are of even width.

There is no evidence of disc herniation, traumatic osseous injury, or aggressive bone disease.

The patient is mildly obese.

**Front Limbs**

The shoulder and elbows joints present within normal limits.

No significant angular limb deformity of the front limbs is noted.



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Note the presence of moderate to severe tracheal collapse and periodontal disease as well as a small subcutaneous nodule in the right cranial abdominal wall.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

- Bilateral stifle osteoarthritis – otherwise normal presentation of the front & hind limbs.
- Normal CT findings of the spine.
- Dynamic tracheal disease.
- Subcutaneous nodule.

**BREED**

Yorkshire Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study does not reveal evidence of angular limb deformity. The conformation of the bones and joints in the front and hind limbs is considered within normal limits except for the stifle joints which present mild to moderate bilateral osteoarthritis. The patella luxation appears to be temporary. Grade 1 or 2 luxation is likely based on the clinical history and CT findings.

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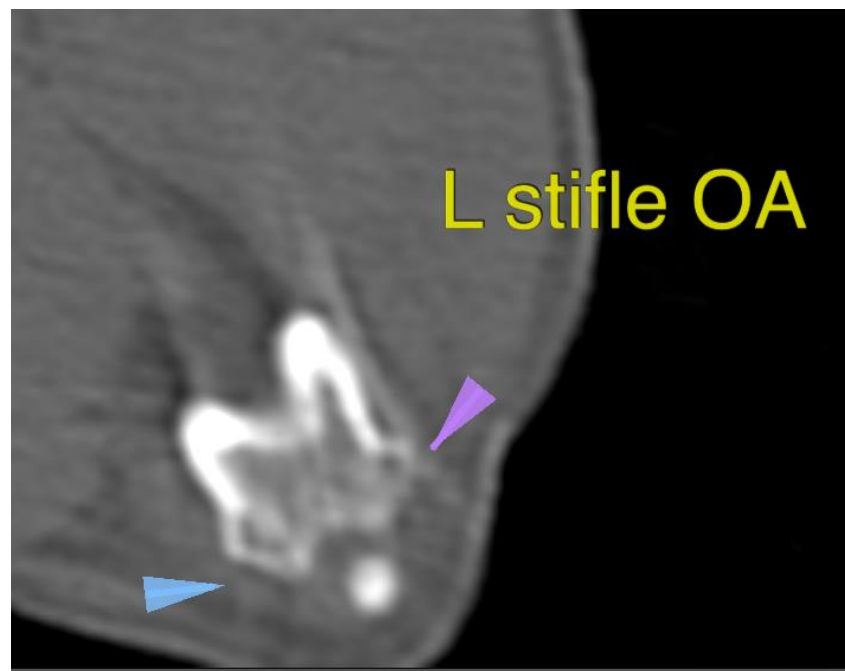
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**INVOICE**

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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**

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