



PATIENT

Max Burmania

PRESENTING CLINICAL SIGNS

not himself , lethargic ,
Abnormal PE/Chem/CBC/UA Results: pain around the lumper area (he tried to bite) ,
Bloodwork mild elevated T.Bili. ALP , rest unremarkable

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE LUMBAR SPINE

Right/left lateral and ventrodorsal views of the lumbar spine totaling 3 images available for review.

BREED

Spaniel, Cocker Mix

RADIOGRAPHIC FINDINGS

Intervertebral disc space narrowing, vertebral end plate sclerosis, and spondylosis deformans, as well as mineralization of intervertebral disc material and reduced area of the neuroforamina is seen between T13/L1, L1/2, and L2/3.

SEX

Male Neuter

Mild vertebral end plate sclerosis appears to be present between L3 and L4, and L4 and L5 as well.

AGE

3 Years

There are spondyloses between T4 and T9. The cranial vertebral end plate of T9 presents a well delineated concave defect.

RADIOGRAPHIC DIAGNOSIS

- Chronic intervertebral disc disease between T13/L1, L1/2, and L2/3.
- Multiple spondyloses within the mid thoracic spine.
- Suspect Schmorl's node cranial vertebral end plate T9.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

St. Catherine's Animal
Hospital

The radiographic findings suggest potential for chronic intervertebral disc disease within the thoracolumbar junction and cranial lumbar spine. Concurrent disc hernia cannot be ruled out. Further definition may require cross sectional imaging which should be considered depending on the severity and development of patient's clinical signs.

REFERRING VET

Dr. Masoud

The vertebral end plate defect at T9 is likely to represent a Schmorl's node which may be congenital or developmental and is typically associated with disc hernia into the vertebral end plate. Discospondylitis is a potential differential diagnosis but thought less likely based on the radiographic findings.

INVOICE

50534

DATE

2-23-22



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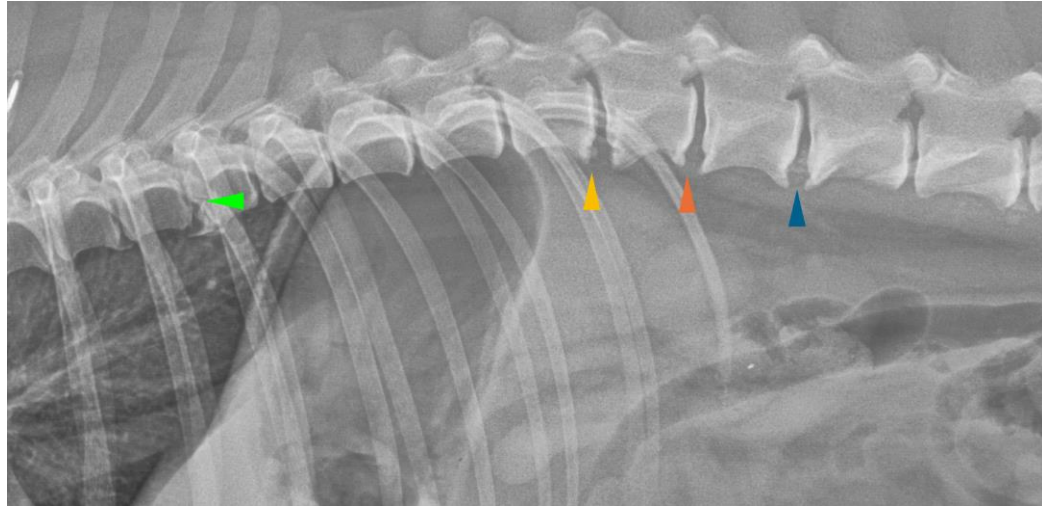
Dr. Masoud

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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.

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