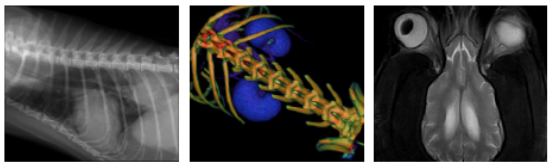
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Sammie Stratton

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

2 Years 10 Months

INTERPRETED BY

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

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Salmon

INVOICE

35450

DATE

2/3/22

PRESENTING CLINICAL SIGNS

For the past few days, the pet has started to shift her hind quarters to the left when trotting along with owner, before she was strait at that gait. At times, the pet seems to suddenly startle, the right hind leg may collapse a bit under her and she "runs away from herself." O brought pet in concerned maybe her anal glands were bothering her. On physical exam: She has normal mentation and cranial nerve exam. Pet is not ataxic and has a normal gait and CPs but does shift her hind legs to the left at the trot. Pet does not seem to drag her feet/nails at all. Pet has a mild popping present with manipulation of right stifle and exhibits pain in RH for x-ray positioning as compared to left hind. No drawer sign appreciated (pet not sedated). The popping is more associated with the patella on the medial trochlear ridge but not a full patellar luxation. Pain is not associated w/ coxofemoral manipulation. Normal TPR, brachycephalic stridor present, normal heart and lung auscultation. CBC/Chem/UA pending and the anal sacs were empty. Concern for orthopedic pain from stifle causing the startle response vs a neurologic condition.

RADIOGRAPHIC STUDY OF THE STIFLES, HIP AND THORACOLUMBAR SPINE

Mediolateral and craniocaudal views of both stifles, ventrodorsal hip flexed view, lateral view of thoracolumbar spine.

RADIOGRAPHIC FINDINGS

Thoracolumbar Spine
Multiple short and hemivertebrae are seen within the thoracic spine from T3-T13, resulting in mild mid and caudal thoracic kyphosis. L2 is a ventrally wedge-shaped hemivertebra. The intervertebral disc spaces L1/2 and L2/3 are severely reduced in width. The sacrum appears to comprise two fused vertebrae only. Shortening and partial fusing of the visible coccygeal vertebrae is seen. There is a mild T5/6 spondylosis deformans. Moderate spondyloses are seen from T10-T13.

Pelvis
Mild joint space divergence of both coxofemoral joints is seen as well as mild craniolateral flattening of the acetabular rim with increased subchondral bone sclerosis. The femoral head and neck present no evidence of osteophytes at this time. However, the femoral head coverage is mildly reduced on both sides.

Right Stifle
A cartilage remnant of the tibial tuberosity is seen. There is mild articular swelling of the right stifle joint. Moderate smooth new gone formation is seen at the distal pole of the patella and proximal margins of the femoral trochlea.

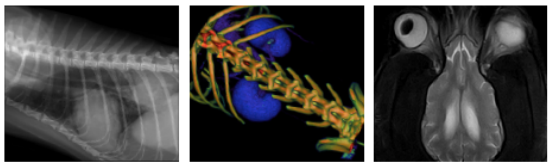
Left Stifle
A cartilage remnant of the tibial tuberosity is seen. There is mild articular swelling of the left stifle joint. Moderate smooth new gone formation is seen at the distal pole of the patella and proximal margins of the femoral trochlea.

No evidence of unilateral muscle atrophy is seen in the craniocaudal view.

Both patellae appear to be in a medial position of the craniocaudal view.

A rounded smooth new bone formation appears to be attached to the medioproximal margin of the left tibial plateau.

SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Sammie Stratton

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

2 Years 10 Months

INTERPRETED BY

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

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Salmon

INVOICE

35450

DATE

2/3/22

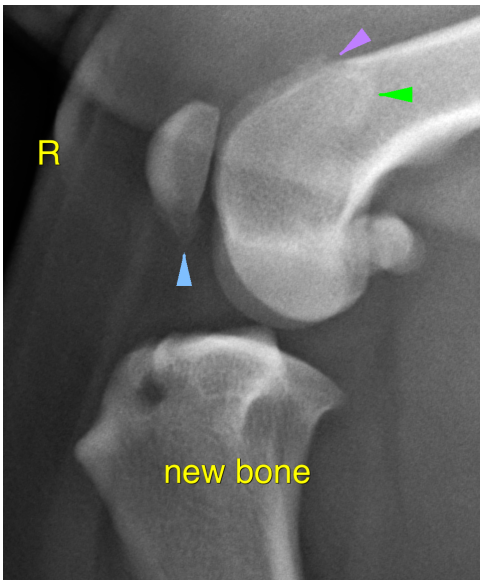
RADIOGRAPHIC DIAGNOSIS

- Mild bilateral canine hip dysplasia
- Multiple congenital vertebral malformation of the mid and caudal thoracic spine with multiple short and hemivertebrae and mild spinal kyphosis as well as spondyloses between T5-T6 and T10-T12.
- Congenital hemivertebra L2 with partial fusion between L1/2 and L2/3
- Moderate bilateral stifle osteoarthritis with medial patellar luxation
- Cartilage remnants of the tibial tuberosities (incidental finding)
- Detached to partially detached, rounded ossicle medioproximal aspect left tibia

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

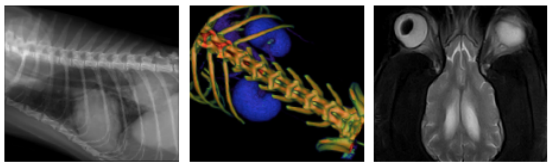
The radiographic findings suggest bilateral medial patellar luxation with moderate secondary osteoarthritic changes. The presence of cartilage remnants in the tibial tuberosities has not direct clinical impact, but should be kept in mind for potential future surgeries, as it may represent a point of weakness. The detached or partially detached ossicle in the medioproximal aspect of the left tibia may stem from abnormal development or prior trauma. However, clinical significance is thought unlikely.

Both coxofemoral joints present mild signs of dysplasia with no significant osteoarthritic changes. Clinical significance is not necessarily given. Multiple congenital short and hemivertebrae are seen within the mid and caudal thoracic spine, causing mild kyphosis. A hemivertebra is present within the craniolumbar spine and partially fused to its neighboring vertebrae as well. These changes are common in corkscrewed tail breeds and not necessarily associated with clinical signs unless significant vertebral canal stenosis, step formation, tethered cord syndromes, or additional diseases such as intervertebral disc disease or other develop.



SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sammie Stratton

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

2 Years 10 Months

INTERPRETED BY

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

HOSPITAL NAME

All Creatures AH

REFERRING VET

Dr. Salmon

INVOICE

35450

DATE

2/3/22

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
Nele.Eley@sonopath.com