



**PATIENT**

Gidget Loeks

**SPECIES**

Dog

**BREED**

Boxer

**SEX**

Spayed

**AGE**

10 Years, 7 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**REFERRING VET**

Kim Allyn, DVM

**INVOICE**

56674

**DATE**

2-9-23

**PRESENTING CLINICAL SIGNS**

Gidget has started snoring and Erin reports that her breathing sounds have changed. She also doesn't want to bend her neck to eat, but if Erin elevates the bowl, she will eat fine. She will bend her neck to drink water. Erin says she has cancer ( 3 years now) and they are not pursuing treatment. Erin has been softening her food, but no dietary changes.

Abnormal PE/Chem/CBC/UA Results: NECK UNCOMFORTABLE TO RANGE OF MOTION GUARDS NECK AT TIMES

**RADIOGRAPHIC STUDY OF THE THORAX & NECK**

Right/left lateral and ventrodorsal views of the thorax and lateral and ventrodorsal views of the neck totaling 6 images available for review.

**RADIOGRAPHIC FINDINGS**

**Thorax**

Severe ventrally bridging spondyloses are seen within the caudal thoracic spine.

A prominent clavicular remnant is seen.

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 pulmonary vasculature is within normal limits. The vertebral heart score is 10.1.

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.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

A mild generalized bronchial lung pattern is noted and evenly distributed throughout the lung. Multiple age related incidental pulmonary osteomas are seen.

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

**Neck**

Vertebral endplate sclerosis and moderate spondylosis deformans are seen between C2 and C3.

Anatomy and alignment of the remainder of the cervical vertebrae present within normal limits.

The craniocervical junction presents within normal limits.

There is no evidence of traumatic osseous injury or aggressive bone lesions.



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**RADIOGRAPHIC DIAGNOSIS**

- Mild generalized bronchial lung pattern.
- Chronic intervertebral disc disease with spondylosis deformans between C2 and C3.
- Multiple spondyloses within the caudal thoracic spine.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A mild generalized bronchial lung pattern is noted which may be within age related normal limits. Chronic lower airway disease such as eosinophilic bronchopneumopathy or infectious bronchitis cannot be ruled out entirely.

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The trachea and larynx did not reveal structural radiographic abnormality. Functional pathology including laryngeal malfunction cannot be ruled out based on the radiographs.

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There is evidence of intervertebral disc disease within the upper cervical spine between C2 and C3 which may represent uncomplicated degenerative disc disease. Concurrent disc hernia cannot be ruled out. Further definition by means of cross sectional imaging such as an MRI or CT myelogram could be considered in case of persisting clinical signs.

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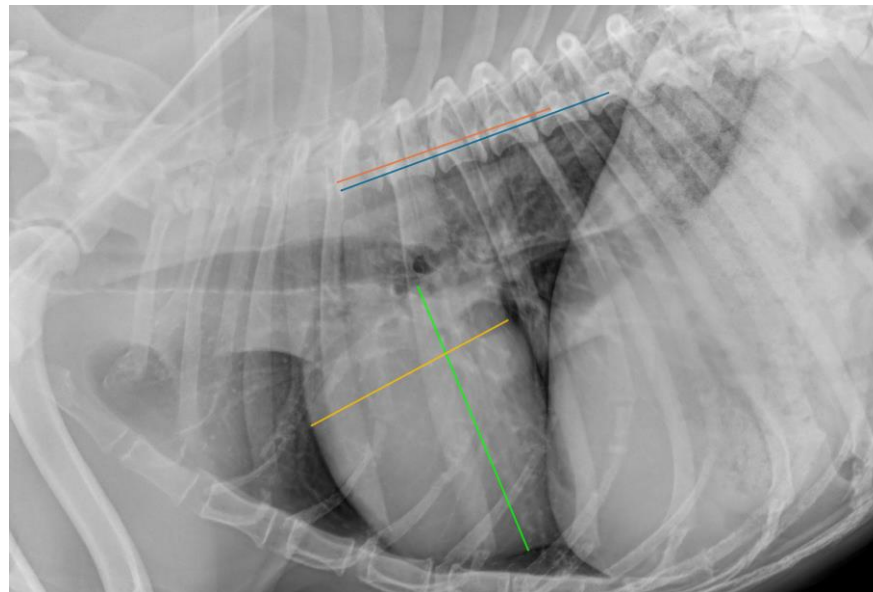
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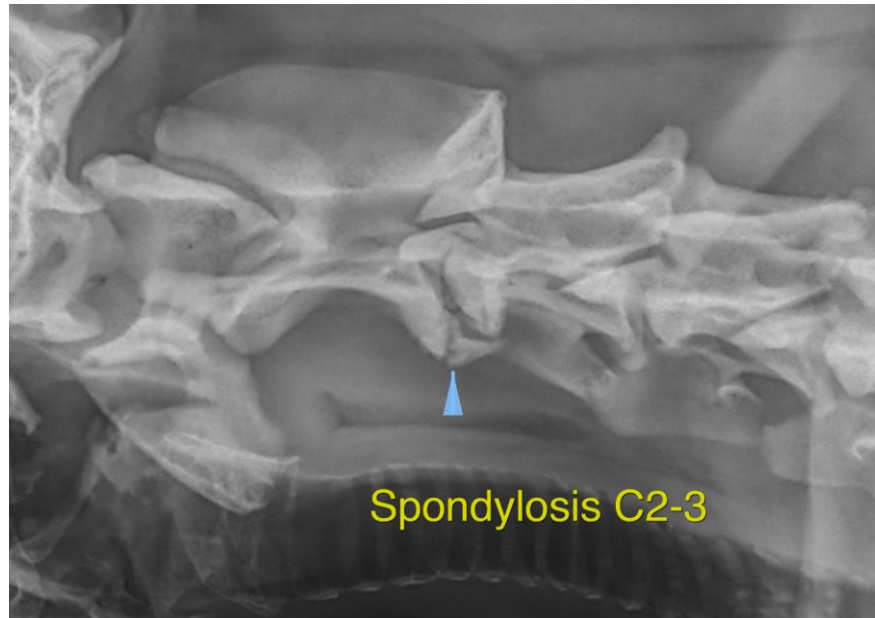
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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