



PATIENT

Cass Richardson

PRESENTING CLINICAL SIGNS

Shows hopping in rear limbs and straight in rear legs. Anxious to sit down as well. Suspicious for hip dysplasia. Pain medications didn't really make a difference.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: NO LAXITY, PAIN, OR ORTALONI APPRECIATED. NORMAL TO EXAGGERATED PATELLAR REFLEX NOT WALKING HERE, JUST LAYS AS SOON AS ANYONE IS CLOSE. VERY NERVOUS. NO GOOD EVALUATION OF PROPRIOCEPTION.

BREED

Color

RADIOGRAPHIC STUDY OF THE LUMBAR SPINE & PELVIS

Lateral and ventrodorsal views of the thoracolumbar spine and ventrodorsal and lateral views of the pelvis totaling 7 images available for review.

SEX

F

Alignment of the lumbar vertebrae is considered within normal limits.

AGE

6 Months, 1 Week, 5 Days

There is a thoracolumbar and lumbosacral transitional vertebra.

No evidence of discospondylitis or traumatic osseous injury is noted throughout the lumbar spine.

The width of the intervertebral disc spaces is considered within normal limits.

The coxofemoral joints present within normal limits. The joint spaces are narrow and even in width. There is no evidence of incongruity. Femoral head coverage is considered adequate. No signs of osteoarthritis are identified. The growth plate closure appears adequate and symmetric in the femoral heads.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Medullary sclerosis of the femoral diaphysis with enhancement of the nutrient foramina is seen bilaterally.

HOSPITAL NAME

Elizabeth Animal Hospital

RADIOGRAPHIC DIAGNOSIS

- Radiographically healthy coxofemoral joints.
- Thoracolumbar and lumbosacral transitional vertebrae.
- Panosteitis.

REFERRING VET

Leon Anderson, DVM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main radiographic finding appears to be the presence of medullary sclerosis of the long bones suggesting potential for panosteitis eosinophila.

INVOICE

51185

No evidence of hip dysplasia or other coxofemoral joint abnormality is identified.

The presence of lumbosacral transitional vertebrae can be associated with early development of lumbosacral stenosis which, however, is unlikely to be the cause of the patient's clinical signs at this point.

DATE

3-25-22

Consider systemic NSAID treatment, restriction of exercise, and daily caloric intake as well as a clinical recheck.



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REFERRING VET

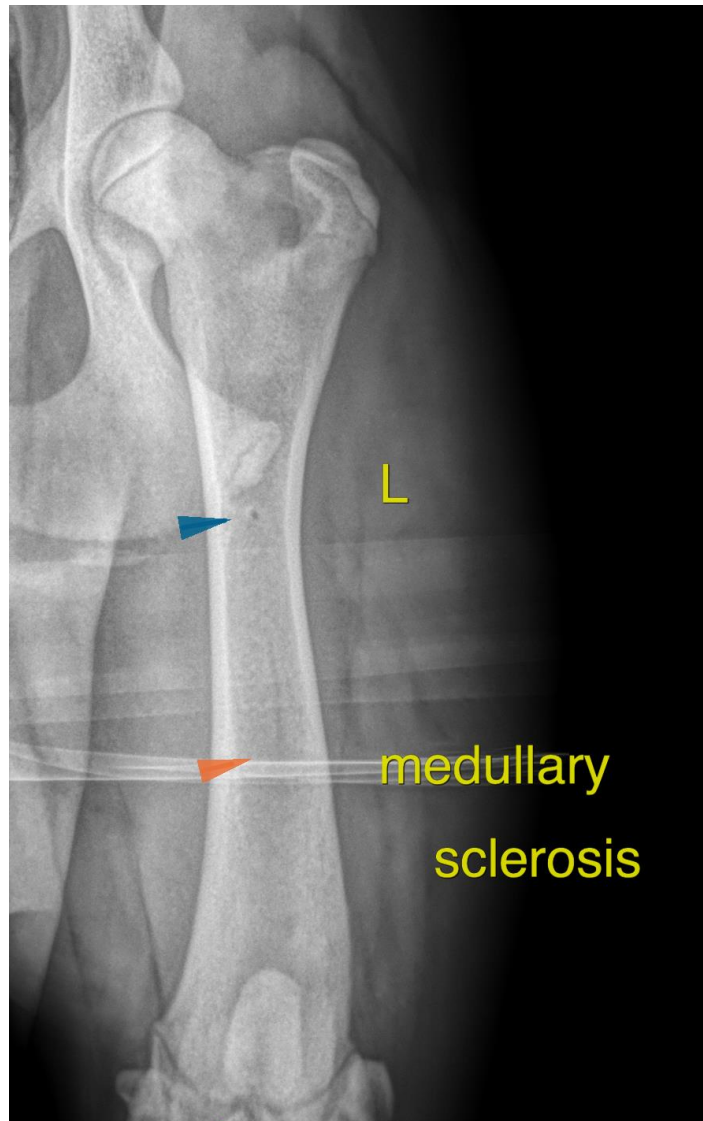
Leon Anderson, DVM

INVOICE

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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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