


**PATIENT PRESENTING CLINICAL SIGNS**

Harley Quinn Soto Walking really slow Tail is down all the time OAH for ear hematoma - getting records U/D OK - Eats very little and drinks very little NO C/S/V/D not UTD on vax CP deficits L and R hindlegs delayed withdrawal reflex no pain on palpation of spine and neck dental calculus and gingivitis heart murmur IV/VI cauliflower ear AU

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN & LUMBAR SPINE**
Abdomen

The abdominal serosal detail may be mildly reduced caudal to the stomach.

**BREED**

Pit Bull X

The small intestinal loops are turgid in appearance with segmental gas pattern. No evidence of abnormal dilation, plication or radiopaque foreign material is seen. The colon contains a moderate amount of fecal matter. Mild gastric aerophagia is noted.

**SEX**

Spayed Female

Thorax

The surrounding bony structures are within normal limits.

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

9 Years

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 10.5.

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.

**INTERPRETED BY**

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

Mild redundancy of the dorsal tracheal ligament is seen level with the cranial thoracic inlet.

A mild generalized bronchointerstitial lung pattern is noted. There is mild peribronchial cuffing, which may be enhanced by the degree of pulmonary inflation as it varies with the tidal volume between the left and right lateral views.

**HOSPITAL NAME**

 Animal Paradise  
 Hospital

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

Thoracolumbar Spine
**REFERRING VET**

Dr. Kristen Hellwarth

The thoracic and abdominal radiographs include lateral and orthogonal views of the thoracolumbar spine. Number, alignment and general anatomy of the thoracolumbar vertebrae present within normal limits. No evidence of aggressive bone lesions. There is no evidence of discospondylitis. Mild osseous remodeling is seen ventrally at the cranial vertebral endplate of L4, which coincides with the attachment of the diaphragmatic crura and is an incidental finding. The lumbosacral junction presents mild spondylosis deformans.

**INVOICE**

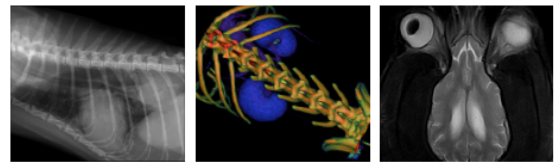
36705

**RADIOGRAPHIC DIAGNOSIS**

- Possibly reduced serosal detail in the cranial abdomen
- Radiographically normal presentation of the cardiac silhouette
- Lower airway disease versus normal age related lung

**DATE**

4/1/22



**PATIENT**

Harley Quinn Soto

- Redundancy of the dorsal tracheal ligament – unlikely to be of clinical significance
- Mild degenerative lumbosacral stenosis

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**SPECIES**

Canine

The area of reduced serosal detail caudal to the stomach may be the result of intestinal crowding. However, regional mesenteropathy such as with pancreatitis, gastroenteropathy or other cannot be ruled out entirely. Correlate with the clinical findings and consider further definition by means of ultrasound if indicated based on clinical signs and/or laboratory values.

**BREED**

Pit Bull X

The radiographic presentation of the cardiac silhouette was within normal limits. Valvular insufficiencies, arrhythmia, myocardial changes, however, cannot be ruled out entirely. There is no evidence of cardiomegaly or congestive heart failure at this point. Consider a cardiac echo if further definition is desired. Artificial increase in bronchointerstitial opacity in a normal age related lung is considered more likely than present of lower airway disease, and further definition is only indicated in case of pertinent clinical signs.

**SEX**

Spayed Female

Mild radiographic signs of degenerative lumbosacral stenosis are noted. Clinical significance of these radiographic changes is variable, and further definition by means of cross sectional imaging, ideally an MRI, would be required, should the patient present lumbosacral pain or lower motor neuron deficits of the hindlimbs.

**AGE**

9 Years

**INTERPRETED BY**

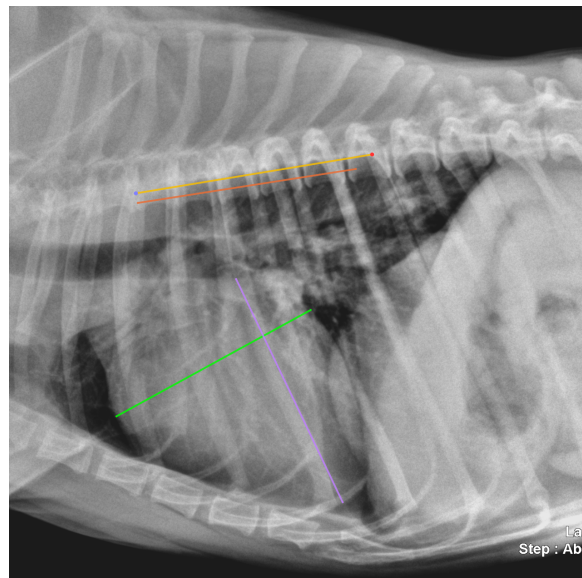
Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Kristen Hellwarth

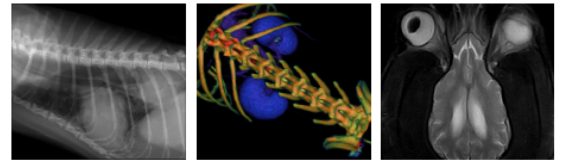


**INVOICE**

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**PATIENT**

Harley Quinn Soto

**SPECIES**

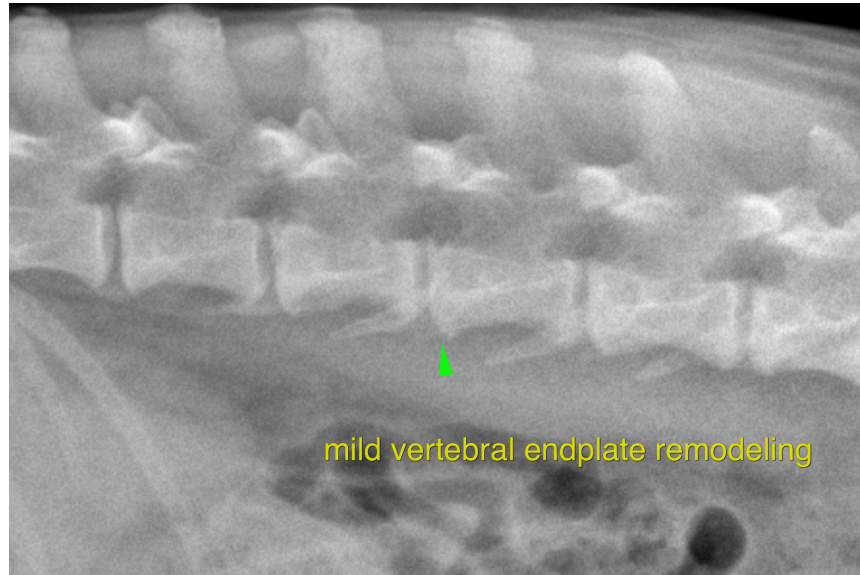
Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female



**AGE**

9 Years

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.

**INTERPRETED BY**

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

**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

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