



**PATIENT PRESENTING CLINICAL SIGNS**

**Raleigh Gutierrez** Reason for Visit: Pain/discomfort in hips History: Since last night, P has been less willing to move. As soon as P got up to go outside last night. she yelped and started whimpering. Last night P was given 1/2 percocet 5mg and 4:00am P was given 2 acetaminophen 500mg. P is able to jump on furniture only to lay down on couches or beds, not in playful manner. P started panting excessively this morning. P has not urinated or defecated today. O says the hips are the area of concerns, when he went to help her up, she yelped and went to "check" him. O notes that Ps sclera are red. O cannot think of any injury or event that could have contributed to her current pain. P does not take any joint supplements at the moment. O says P was previously obese (~115lbs), and with that has caused mobility issues. When P got put on a diet, she was able to move and play around a lot more.

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Female

**AGE**

12 Years

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear AU. OU: episcleral redness. No nasal discharge. No cough on tracheal palpation. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 6/9. Ambulatory x 4. Moderate decreased ROM on coxofemoral joints, painful on extension. Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. Painful on lumbar region, no CP deficits. Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N 1) CBC: WBC 23.83 (5.05-16.76), NEU 19.73 (2.95-11.64), MONO 1.74 (0.16-1.12) 2) CHEM: BUN 29 (7-27), GLOB 5.3 (2.5-4.5)

**RADIOGRAPHIC STUDY OF THE LUMBAR SPINE & PELVIS**

Lateral view of the lumbar spine and ventrodorsal view of the pelvis and lumbar spine totaling 2 images available for review.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**RADIOGRAPHIC FINDINGS**

The patient is mildly obese.

**HOSPITAL NAME**

DPC Veterinary Hospital

**Lumbar Spine**

Degenerative lumbosacral stenosis with spondylosis deformans, sclerosis of the vertebral end plates, and increased opacity of the neuroforamen as well as intervertebral disc space is seen.

The intervertebral discs L6/7 and L5/6 are mineralized.

**REFERRING VET**

Dr. Rivera

Severe spondylosis are present within the cranial lumbar spine between T13/L1, L1/2, L2/3, and L3/4. The neighboring vertebral end plates present sclerosis.

Spondylarthrosis is noted at L3/4 as well.

**INVOICE**

51579

**Pelvis**

Both coxofemoral joints reveal signs of hip dysplasia with reduced femoral head coverage and subchondral bone sclerosis of the acetabulum. Circumferential femoral head and caudolateral curvilinear femoral neck osteophytes are seen.

**DATE**

4-17-22



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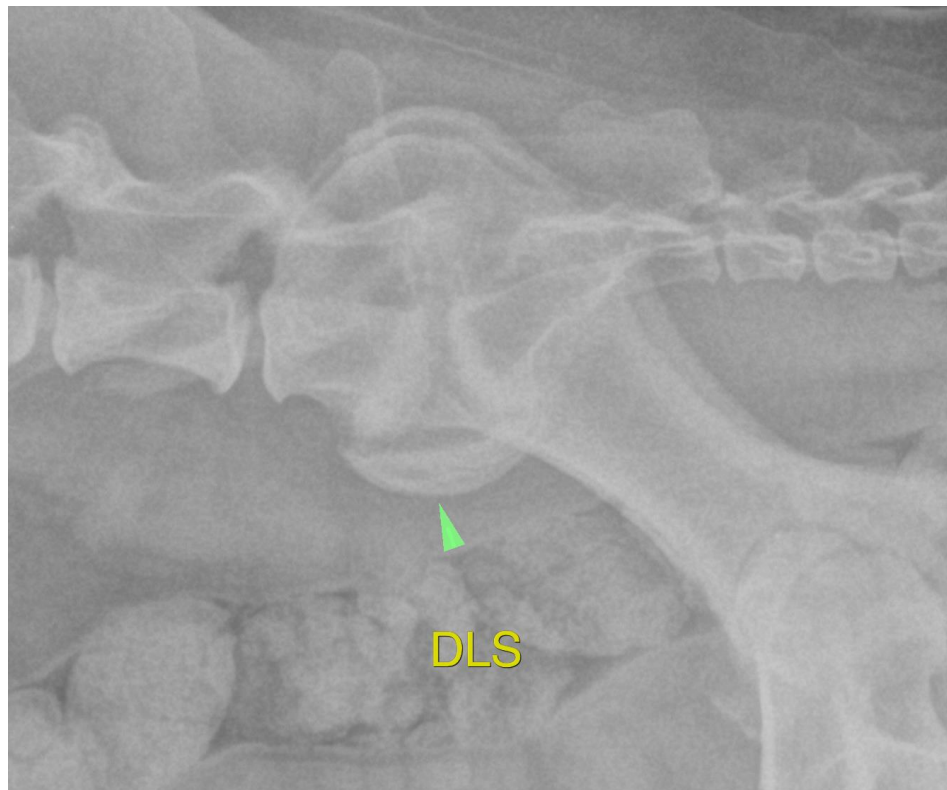
**RADIOGRAPHIC DIAGNOSIS**

- Moderate bilateral coxofemoral joint osteoarthritis secondary to canine hip dysplasia.
- Moderate to severe degenerative lumbosacral stenosis.
- Multiple spondyloses within the lumbar spine from T13 through L4.
- Chondroid disc degeneration L5/6 & L6/7.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals bilateral coxofemoral joint osteoarthritis secondary to canine hip dysplasia.

There also are signs of degenerative lumbosacral stenosis which may be accompanied by lumbosacral disc degeneration and herniation. Correlation with the clinical palpation is required in order to determine the significance of the radiographic findings. Further definition by means of an MRI could be considered and would also allow to rule out differential diagnoses as well as other sites of myelopathy with greater diagnostic accuracy.





**PATIENT**

Raleigh Gutierrez

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.

**SPECIES**

Canine

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.

**BREED**

American Bulldog

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