



**PATIENT PRESENTING CLINICAL SIGNS**

**Sosee Ryan**  
 Presented for evaluation of hind limb weakness/splay incidents. Owner reports that she appears to be conscious and does not vocalize during episodes. Has a history of IVDD and is on chronic carprofen/gabapentin. Episodes last a few minutes and correspond to her being excited (not walking slowly around the house). Owner reports that if she keeps her calm, hasn't seen any episodes. Splenectomy performed in January 2022 (hematoma). Owner also reports exercise intolerance over the last couple months, seems to breathe hard and takes a long time to recover. Abnormal PE/Chem/CBC/UA Results: Bloodwork - mild anemia (Jan 2022) Exam - CP normal, shuffling front feet, head carriage down and head slightly tilted to the right. Normal hemi-walking to the left and right. Attitude is quiet, not really social or bright. BP - 117/78

**SPECIES**

Canine

**BREED**

French Bulldog

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

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

**SEX**

FS

**RADIOGRAPHIC FINDINGS**

**Thorax**

A lobar alveolar sign of the caudal subsegment of the left cranial lung lobe is seen. The remainder of the lung presents a mild bronchial lung pattern.

The tracheal lumen is narrow, however, within breed related limits.

Assessment of the cardiac silhouette is obscured owing to the border effacement with the lobar sign of the left lung. No major cardiac abnormality is identified.

No obvious mediastinal widening is noted.

**Abdomen**

Moderate gastric aerophagia is seen.

The liver, kidneys, urinary bladder, and intestines present within normal limits.

**Spine**

Number, alignment, and anatomy of the cervical vertebrae present within normal limits.

Multiple wedge shaped shortening of the mid and caudal thoracic vertebrae is seen from T3-T13. No significant vertebral canal stenosis is noted within the cranial and mid thoracic spine.

Step formation and mild vertebral canal stenosis is noted at the thoracolumbar junction.

T8/9 are kissing spinous processes.

The 1<sup>st</sup> and 4<sup>th</sup> lumbar vertebrae present wedge shaped deformity.

Multiple spondyloses are seen throughout the thoracolumbar spine.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

North Idaho Animal Hospital (VCA)

**REFERRING VET**

Jolee Stegemoller, DVM

**INVOICE**

51813

**DATE**

4-27-22



**PATIENT** Moderate bilateral canine hip dysplasia and coxofemoral joint osteoarthritis is noted.

Sosee Ryan

**RADIOGRAPHIC DIAGNOSIS**

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

FS

**AGE**

9 Years

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- Lobar alveolar sign of the left lung.
- Multiple congenital vertebral malformation with hemivertebrae within the mid and caudal thoracic spine as well as within the cranial and mid lumbar spine.
- Multiple spondyloses.
- Mild kyphosis and vertebral canal stenosis at the thoracolumbar junction.
- Bilateral canine hip dysplasia with secondary osteoarthritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study reveals a lobar sign of the caudal subsegment of the left cranial lung lobe. Differential diagnosis includes lobar neoplasia, lobar pneumonia, and less likely lobar hemorrhage. Further definition by means of ultrasound guided fine needle aspiration using a left parasternal intercostal approach could be considered.

There are multiple congenital vertebral malformations as well as multiple spondyloses. None of which has to be of clinical significance per say. However, concurrent intervertebral disc disease or other myelopathy cannot be ruled out and could be defined further by means of cross sectional imaging if indicated based on the clinical signs such as presence of neurologic deficits.



**PATIENT**

Sosee Ryan

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**SEX**

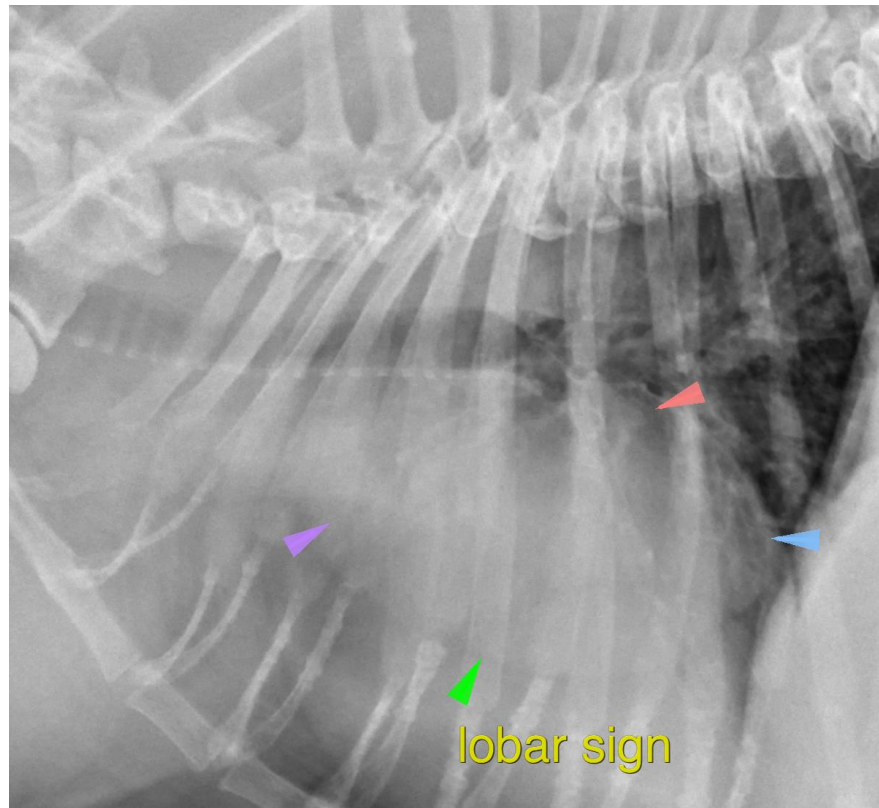
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**AGE**

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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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