



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sam Jimenez Reason for Visit: HAVING TROUBLE IN THE HIND History: 11YR OLD NEUTERED LAB PRESENTED FOR HAVING TROUBLE WALKING. PET HAS BEEN PANTING FOR PAST FEW MONTHS. ORIGINALLY APPT WAS MADE TO CHECK EARS BUT LAST NIGHT PET STARTED HAVING TROUBLE WALKING ACUTELY.

**SPECIES** Canine Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: HEAVY PANTING EENT: OU: lenticular sclerosis. AD- mild light brown waxy cerumen. AS (chronic)- severe stenosis, lichenification, moderate amount of "sticky" yellow waxy exudate, firm (calcification) of ear canal, moderate erythema present. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate dental tartar Musculoskeletal: BCS = 6.5-7/9. Ambulatory x 4. Stiff on ambulation (worse on hindlimbs), sl decreased ROM of coxofemoral joints, painful on full extension. Mild crepitus on stifles, negative cranial drawer and tibial thrust. Hard time getting up and down.

**BREED** Labrador Retriever 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. Pain at thoracic spine palpation, normal at lumbar. SI delayed CP deficits on hindlimbs. Skin: Multifocal Large irregular patch of alopecia/thinning hair coat at LS region. Elbow calluses. Multiple raised, hairless, pink dermal masses on face. Multiple different sizes, soft, SQ masses on ventral thorax. Good hair coat. No ectoparasites seen Mentation: BAR CBC: LYM 0.9 (1.05-5.10) NSAID: ALKP 450 (23-212)

**SEX** NM

**AGE RADIOGRAPHIC STUDY OF THE THORACIC SPINE, LUMBOSACRAL JUNCTION, & PELVIS**

11 Years, 3 Months Lateral and ventrodorsal views of the thoracic spine, lateral view of the lumbosacral junction and pelvis, and ventrodorsal view of the pelvis totaling 4 images available for review.

**INTERPRETED BY RADIOGRAPHIC FINDINGS**

Nele Eley, DVM Dr. med. Vet. DipECVDI The lumbosacral junction presents within normal limits.

**HOSPITAL NAME** Moderate spondylosis deformans is seen between L5 and L6.

DPC Veterinary Hospital Early spondylosis deformans appears to be present between T9 and T10, and L4 and L5.

The muscle volume of both hind limbs appears to be reduced.

**REFERRING VET** The coxofemoral joints present within age related normal limits. No significant joint space incongruity or osteoarthritic changes are seen.

Dr. Rivera The radiographic presentation of the stifles is considered within normal limits.

**RADIOGRAPHIC DIAGNOSIS**

- INVOICE**
- Spondyloses.
  - Normal radiographic presentation of the lumbosacral junction and pelvis.
- 52103

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**DATE** 5-11-22 The radiographic study reveals mild to moderate spondyloses at T1/10, L4/5, and L5/6. These changes may be concurred by intervertebral disc disease; however, the significance of which would have to be determined using cross sectional imaging if indicated per the clinical signs.



**PATIENT**

Sam Jimenez

Other sites and other types of myelopathy or neuropathy cannot be ruled out. Further definition by means of an MRI would be ideal in case of persisting or deteriorating clinical signs.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

NM

**AGE**

11 Years, 3 Months

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**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.

**INVOICE**

52103

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**DATE**

5-11-22