

## PATIENT PRESENTING CLINICAL SIGNS

**PATIENT** Ginger Rorabaugh  
**PRESENTING CLINICAL SIGNS** About 3 weeks ago P fell bottom-first down the foyer stairs. At first P seemed to recover pretty well however throughout the past 3 weeks P has been struggling to walk and wobbling, sometimes even falling over when bumped.

**SPECIES** Medications:  
 Prednisone 10mg 1/2 tablet BID - last given @ 9:00 PM  
 Gabapentin 100mg 2 capsules as needed - last given @ 10:30 PM last night  
 Auto-immune disease : IMTP diagnosed 3/31/2022  
**BREED** Abnormal PE/Chem/CBC/UA Results: Attitude: QAR MM: pink 1-2 Hydration: Normal BCS 3/9  
 Pain: 3/5 Eyes: Clear with no discharge OU Ears: No discharge or erythema, non-painful AU Nasal: No obvious abnormalities observed CV: No murmur, Pulses strong and synchronous Lungs: No crackles or wheezes appreciated Abdomen: Soft, non-painful on palpation UG: External Genitalia Normal external genitalia MSK: Hindlimb and forelimb lameness and discomfort PLN: Peripheral lymph nodes palpate normal in size Neuro: no deficits detected with appropriate mentation Na (141-150 mEq/L): 145 K (3.3-4.9 mEq/L): 3.5 Cl (109-121 mEq/L): 110 TCO2 (16-26 mEq/L): 20 BUN (7-26 mg/dL): 6 Crea (0.5-1.4 mg/dL): 0.6 Glu (81-118 mg/dL): 123 iCa (1.21-1.45 mmol/L): 1.25 AnGap (8-21 mEq/L): 19 Hct (35-57%): 33 Hgb (12-19 g/dL): 11.2  
**SEX** FS

**RADIOGRAPHIC STUDY OF THE CERVICAL, THORACIC, LUMBAR SPINE, SHOULDERS, ELBOWS, HIP JOINTS AND STIFLES**  
**AGE** 13yr  
 Cervical, thoracic, lumbar spine, shoulders, elbows, hip joints and stifles, totaling 16 images available for review.

## INTERPRETED BY RADIOGRAPHIC FINDINGS

**INTERPRETED BY** Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI  
**RADIOGRAPHIC FINDINGS**  
**SHOULDERS**  
 Moderate to severe bilateral glenohumeral osteoarthritis is present with periarticular osteophyte formation and remodeling of the basal grooves.

**HOSPITAL NAME** Mountain West Veterinary Specialists  
**ELBOWS**  
 The right and left elbow demonstrate mild osteoarthritic changes with mild subtrochlear notch sclerosis of the ulna and mild periarticular osteophytes.

**REFERRING VET** Dr William Evans  
**CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, LUMBOSACRAL REGION**  
 No significant radiographic abnormalities identified within the cervical spine.  
 Moderate multifocal thoracic spondylosis deformans is present at T4-5, T5-6, T12-13. Moderate to severe multifocal spondylosis deformans is present at T13-L1, L1-2, L2-3, L3-4.

**INVOICE** 24846  
 Lumbosacral spondylosis is present. There is chronic mineralized moderate intervertebral disc protrusion at L2-3 superimposed onto the intervertebral foramen.

**DATE** 05/16/2026  
**PELVIS**  
 Severe bilateral coxofemoral osteoarthritis is present characterized by marked remodeling of the



**PATIENT** femoral heads, necks, and acetabula with extensive periarticular osteophyte formation consistent with chronic degenerative change.

Ginger Rorabaugh

Bilateral moderate generalized pelvic limb muscle atrophy is present.

**SPECIES** STIFLES

Canine

Both stifles are radiographically unremarkable. No significant osteoarthritis, articular enlargement, or translation of the tibia is seen.

**BREED**

There is no evidence of aggressive bone disease.

Mix Breed

**RADIOGRAPHIC DIAGNOSIS**

- Severe bilateral coxofemoral joint osteoarthritis in conjunction with canine hip dysplasia.
- Moderate to severe bilateral shoulder osteoarthritis.
- Mild bilateral elbow osteoarthritis.
- Multifocal thoracolumbar spondylosis deformans with chronic mineralized L2-3 disc protrusion
- Moderate bilateral pelvic limb muscle atrophy.
- No acute traumatic osteoarthritis abnormality or aggressive bone disease identified radiographically.

13yr

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The most significant abnormalities were severe chronic degenerative changes involving both coxofemoral joints and bilateral shoulders with additional multifocal spinal degenerative disease, in particular chronic mineralized intervertebral disc protrusion at L2-3. These findings can contribute to chronic pain, weakness, stiffness, gait instability, and difficulty ambulating as well as neurologic deficits.

**HOSPITAL NAME**

Mountain West  
Veterinary Specialists

The pelvic limb muscle atrophy is likely secondary to chronic disuse associated with long-standing orthopedic and /or neurologic disease.

Continued multimodal pain management and mobility support are recommended. MRI may be considered if progressive neurologic signs concerning for clinically significant spinal cord compression develop.

**REFERRING VET**

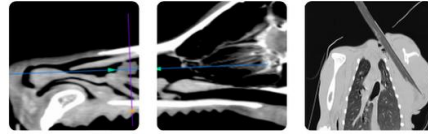
Dr William Evans

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## SPECIES

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Mix Breed

## SEX

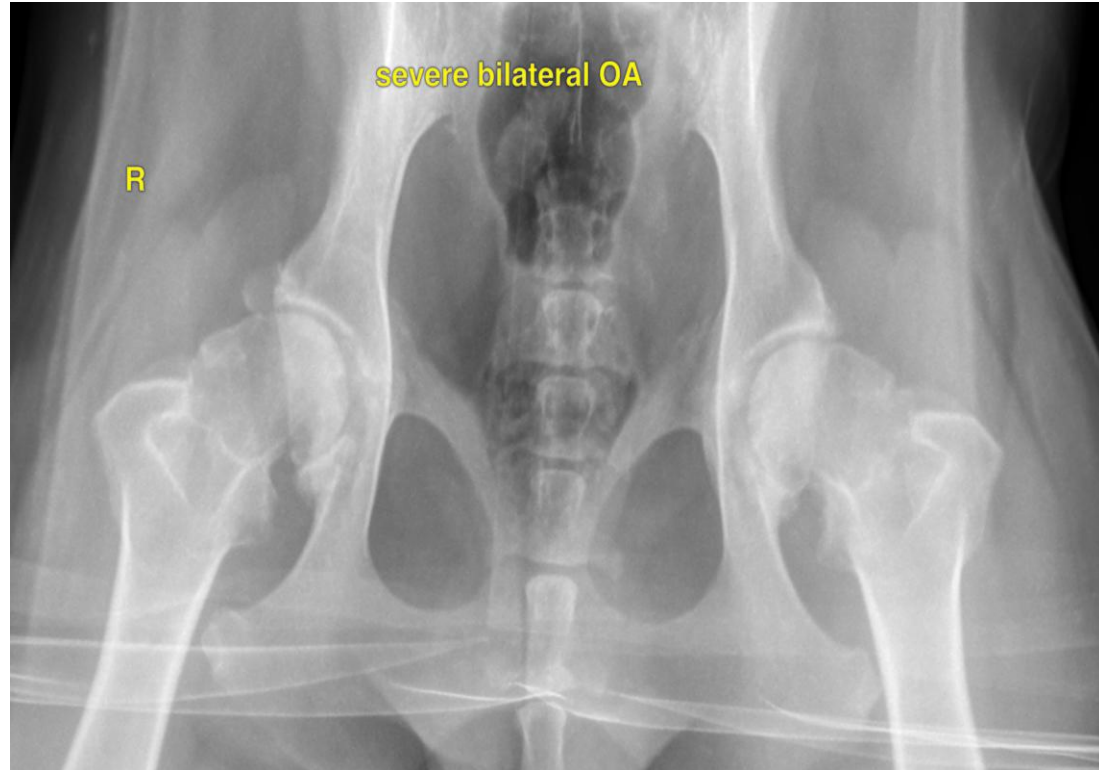
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## AGE

13yr

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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.

## HOSPITAL NAME

Mountain West  
Veterinary Specialists

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.

## REFERRING VET

Dr William Evans

**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.  
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