SonoPath Teleradiology

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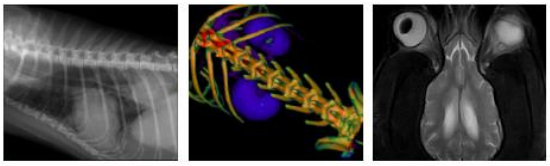

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gabrielle Bahrman

SPECIES

CA

BREED

GSHP

SEX

FS

AGE

2

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bayshore Veterinary Hospital

REFERRING VET

Hunt

INVOICE

58087

DATE

5-2-23

PRESENTING CLINICAL SIGNS

Altered rear gait. Iliopsoas image fine, forgot to add on first submission

RADIOGRAPHIC STUDY OF THE PELVIS

Lateral and ventrodorsal views of the pelvis totaling 2 images available for review.

RADIOGRAPHIC FINDINGS

The patient has an asymmetric lumbosacral transitional vertebra with lumbarization of the right transverse process and longer contact zone on the left hand side resulting in pelvic asymmetry and longitudinal rotation of the lumbar spine.

A large amount of smoothly delineated new bone is seen emerging from the ventral and lateral aspects of the last two regular shaped lumbar vertebrae referred to as L6 and L7 here. The new bone formation appears to extend far lateral and is likely to contribute to opacification of the neuroforamina between L6, L7, and the lumbosacral transitional vertebra.

Mild loss of muscle volume appears to be present in the left hind limb.

RADIOGRAPHIC DIAGNOSIS

- Congenital asymmetric lumbosacral transitional vertebra
- Suspect neuroforaminal / lumbosacral stenosis secondary to transitional vertebra and disseminated idiopathic skeletal hyperostosis (DISH.)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The asymmetry at the lumbosacral junction is likely to alter the biomechanics and can contribute to early degeneration of the lumbosacral intervertebral disc. Degenerative lumbosacral stenosis can be a result of this and the new bone formation secondary to the idiopathic skeletal hyperostosis can further contribute to neuroforaminal stenosis. Further definition by means of cross sectional imaging, ideally an MRI, is indicated depending on the severity of the patient's clinical signs and its response to the initiated treatment.

There appears to be mild atrophy of the left rear limb musculature which can be secondary to disuse or neurogenic in origin.

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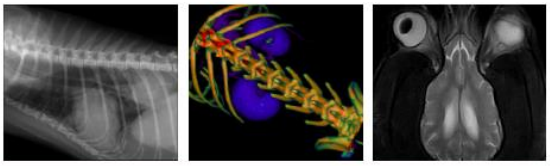

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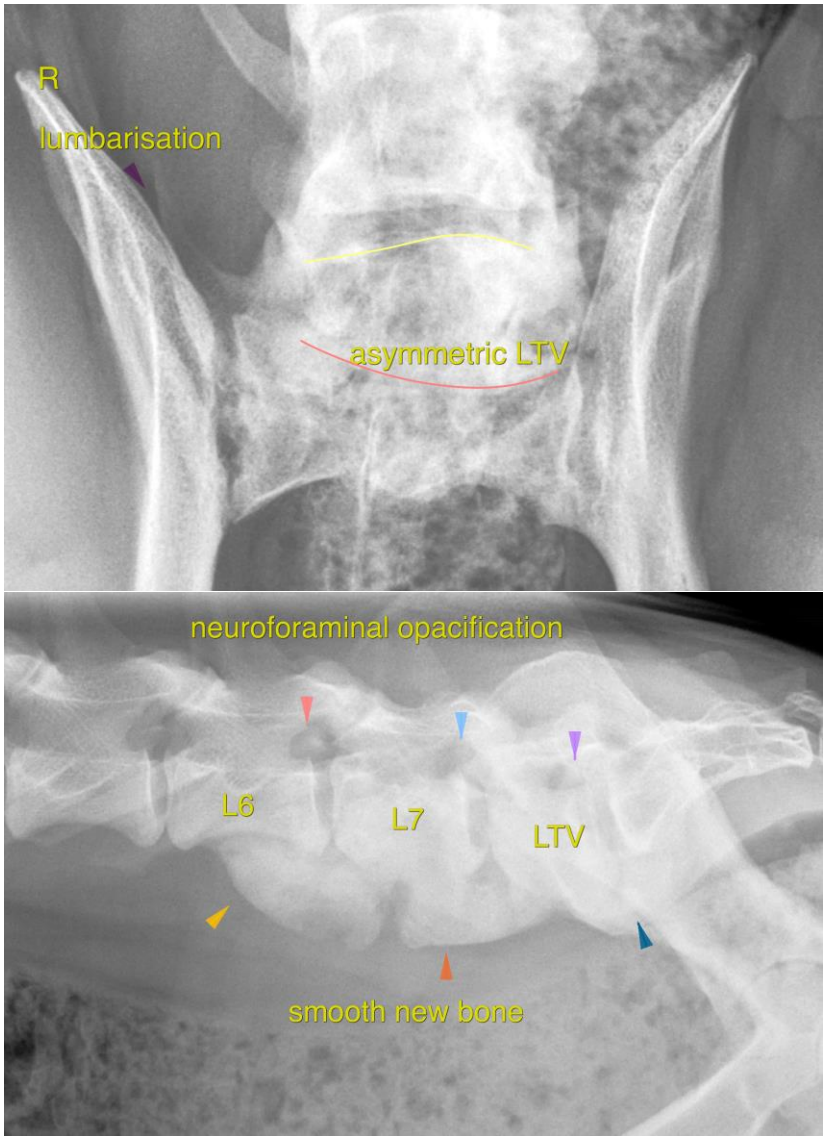

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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