



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Dillon Jones
PRESENTING CLINICAL SIGNS Presenting Complaint: Consult to evaluate for possible intervertebral disc disease (IVDD) due to hind limb weakness and difficulty rising.

SPECIES Canine
When Did the Problem Start: Initial incident in late February after a jump off a snow bank. A few weeks later he developed significant difficulty getting up. Symptoms recur, especially after increased activity, with worsening toward the end of the day.

BREED Labradoodle
Previous History: Evaluated by Dr. Winter who noted lumbar tenderness and left thigh circumference approximately 0.25 inch smaller than right; suspected a lumbar disc problem. Seen at Phoenix yesterday for ongoing issues. Strict rest and medications were administered for 7.5 weeks with partial improvement but not full resolution. Activity reintroduced thereafter. Yesterday he went up and down stairs and jumped into a car, after which symptoms worsened by end of day.

SEX MN
Symptom Description: Owner reports hind limb instability and marked difficulty rising, particularly after periods of activity and after resting 30-60 minutes at the end of the day. Once up and moving, he appears to improve. Pain localized by previous veterinarian to the lumbar region.

SEX COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE

AGE 4yr
Plain study available for review.

AGE COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY Nele Eley (Ondreka), DVM Dr. med. vet., DipECVDI
Mild broad-based intervertebral disc protrusion of the lumbosacral disc is seen into the ventral epidural space of the lumbosacral vertebral canal. Mild attenuation of the normal ventral epidural fat is present at this level. No significant displacement of the dural sac is identified and no direct compression of the cauda equina nerve roots can be appreciated. The intervertebral foramina remain patent bilaterally without evidence of significant foraminal stenosis. No acute fracture, or aggressive osseous lesion is identified within the imaged lumbar spine.

The coxofemoral joints are incompletely included. The visible portion of the left coxofemoral joint may demonstrate mild widening of the joint space.

HOSPITAL NAME

Southern Oregon
Veterinary Specialty

COMPUTED TOMOGRAPHIC DIAGNOSIS

REFERRING VET

Dr Fugazzi

- Mild lumbosacral intervertebral disc protrusion with partial effacement of the ventral epidural fat.
- No definitive CT evidence of cauda equina nerve root compression.
- No significant foraminal stenosis identified.
- Questionable mild widening / laxity of the left coxofemoral joint space.

INVOICE

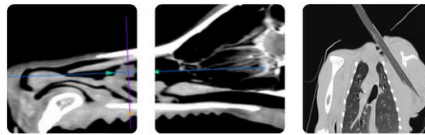
24903

DATE

05/21/2026

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The lumbosacral disc protrusion may contribute to the reported clinical signs. The degree of compression on this static CT study is limited and may not fully explain the severity and intermittently progressive nature of the clinical presentation. Dynamic component cannot be ruled out. CT has limitations in evaluating soft tissue such as nerve roots, spinal cord, and other subtle disc associated spinal cord / cauda equina pathology. Dynamic compression may also be underestimated. The partially visualized left coxofemoral joint asymmetry is of uncertain clinical significance.



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Orthopedic correlation with dedicated hip radiographs is recommended. MRI of the lumbosacral spine can be considered for more sensitive evaluation of the intervertebral discs, cauda equina nerve roots, and intervertebral foramina.

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Labradoodle

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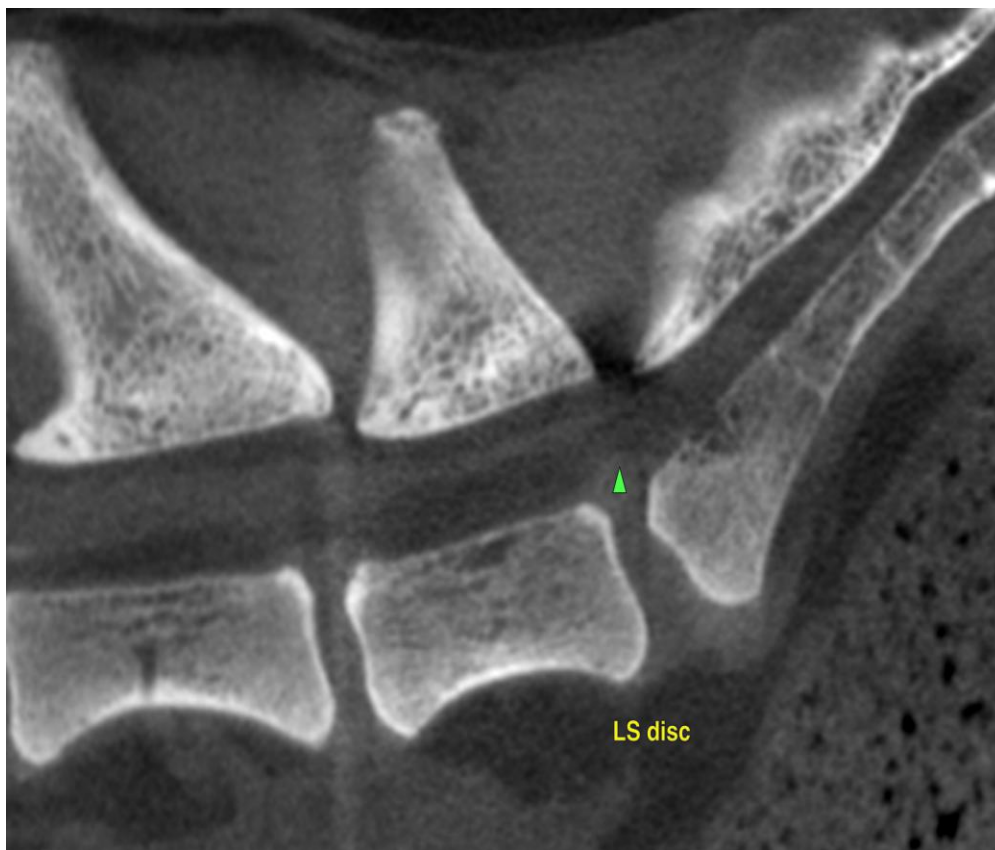
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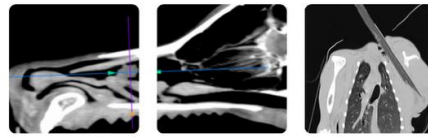
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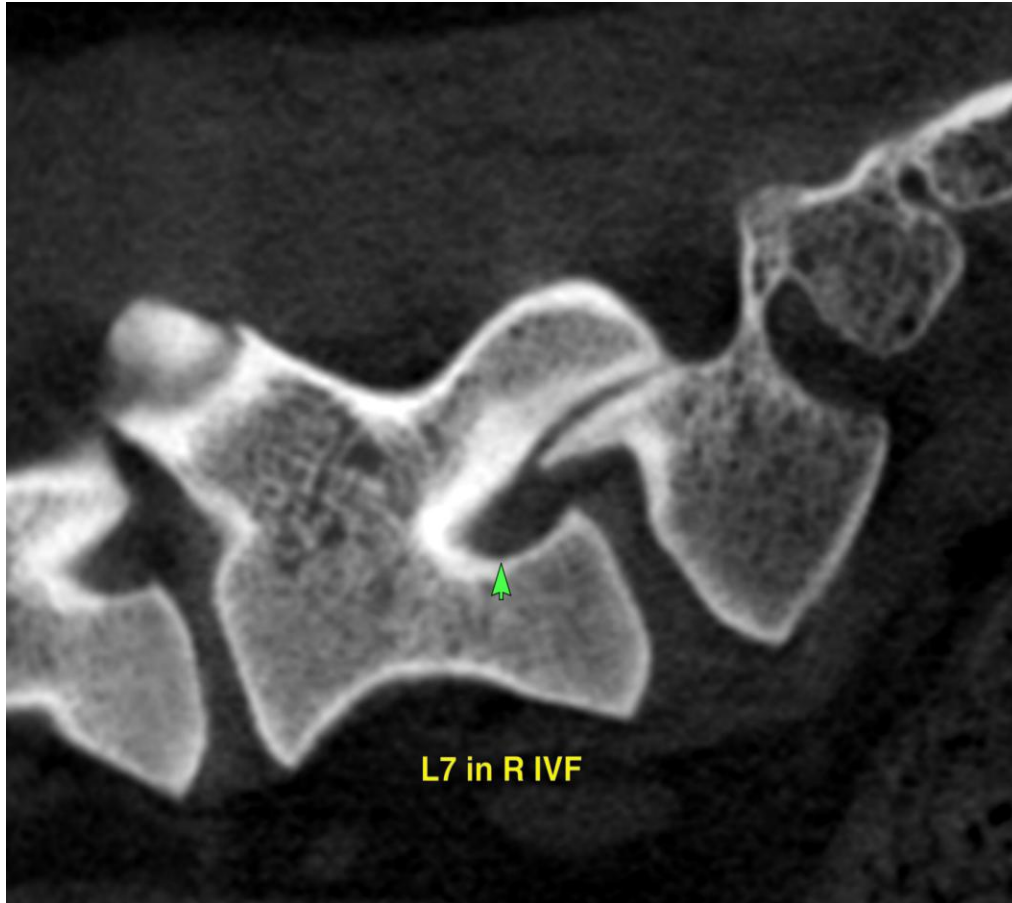
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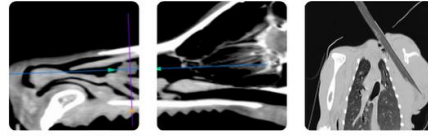
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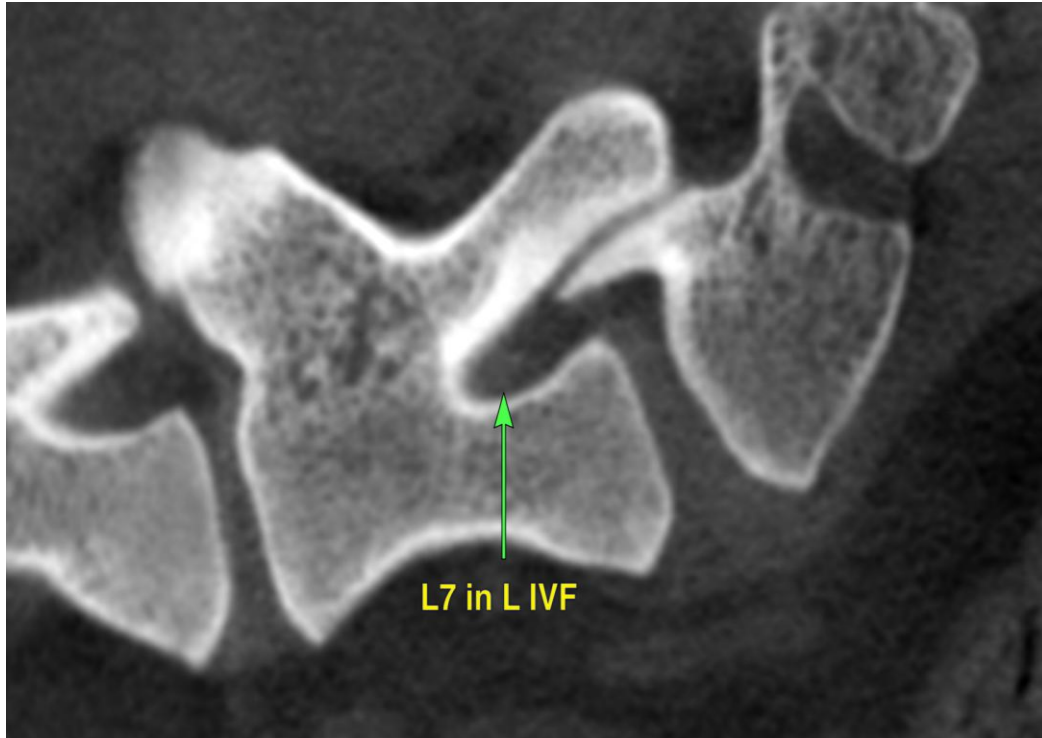
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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