



**PATIENT PRESENTING CLINICAL SIGNS**

Reka Hoyt Presents with concerns for hip dysplasia. O notes P is weak in hind end and is painful to the touch  
 Abnormal PE/Chem/CBC/UA Results: mild ataxia with midline foot placement and swaying.  
 Left stifle mild effusion with pain in full extension, bilateral hip pain with decreased ROM (L>R).  
**SPECIES** No spinal pain or pain on direct palpation of hips. Mild CP deficits with no significant neurologic findings on exam. Hx report of hyperesthesia of the dorsum over pelvis. Fluidity of gait improved after administration of torb but no change in foot placement or ataxia in pelvic limbs. Pelvis irregularly falls to one or the other side with out obvious spine swinging to advance limbs.  
 Canine

**BREED MAGNETIC RESONANCE IMAGING STUDY OF THE THORACOLUMBAR SPINE**

German Shepherd T2 & T1 – weighted images in various image planes available for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

**SEX** Multiple intervertebral discs show signs of degeneration.

FS Mild T13/L1 disc protrusion with no evidence of spinal cord compression is seen.

**AGE** Severe degenerative lumbosacral stenosis with severe lumbosacral disc protrusion, intervertebral disc space collapse, vertebral endplate remodeling, sclerosis, and mild step formation is seen. Craniodorsal flattening of the sacral endplate is noted on the right hand side. The cauda equina fibers are deviated and compressed dorsally and cannot be delineated against the herniated disc material.  
 9 Years

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

Mild left hand sided and moderate right hand sided neuroforaminal stenosis is noted secondary to the disc protrusion and new bone formation.

The right L7 nerve root presents thickening throughout the entrance and exit zones of the right neuroforamen.

**HOSPITAL NAME**

Mountain West  
 Veterinary Hospital

Atrophy of the right gluteal muscle group is seen.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

**REFERRING VET**

Lane Hansesn

- Severe degenerative lumbosacral stenosis with moderate right hand sided neuroforaminal stenosis and traumatic neuritis of the right L7 nerve root with neurogenic muscle atrophy.
- Mild left hand sided neuroforaminal stenosis at the lumbosacral junction.
- Mild chronic noncompressive T13/L1 disc protrusion.
- Disseminated degenerative disc disease.

**INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

59218 The MRI study reveals severe degenerative lumbosacral stenosis with severe protrusion of the intervertebral disc and compression of the cauda equina fibers. Moreover, moderate right hand sided neuroforaminal stenosis with traumatic neuritis of the right L7 nerve root is seen. Mild left hand sided neuroforaminal stenosis is present as well.  
**DATE**

7-6-23 An osteochondral defect of the cranial sacral endplate may be present on its right hand side and may have predisposed to degenerative disc disease.



**PATIENT**

Reka Hoyt

Surgical decompression by means of laminectomy and foraminotomy may be required depending on the clinical correlation.

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

FS

**AGE**

9 Years

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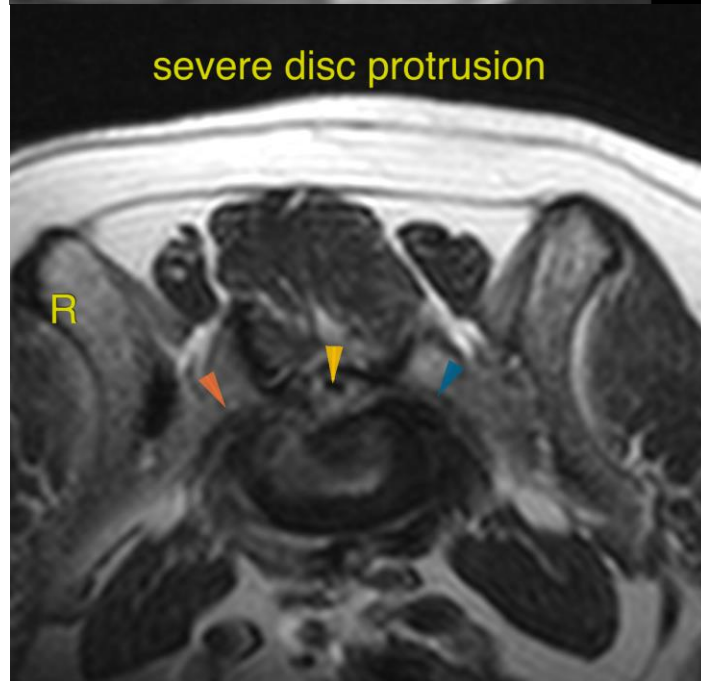
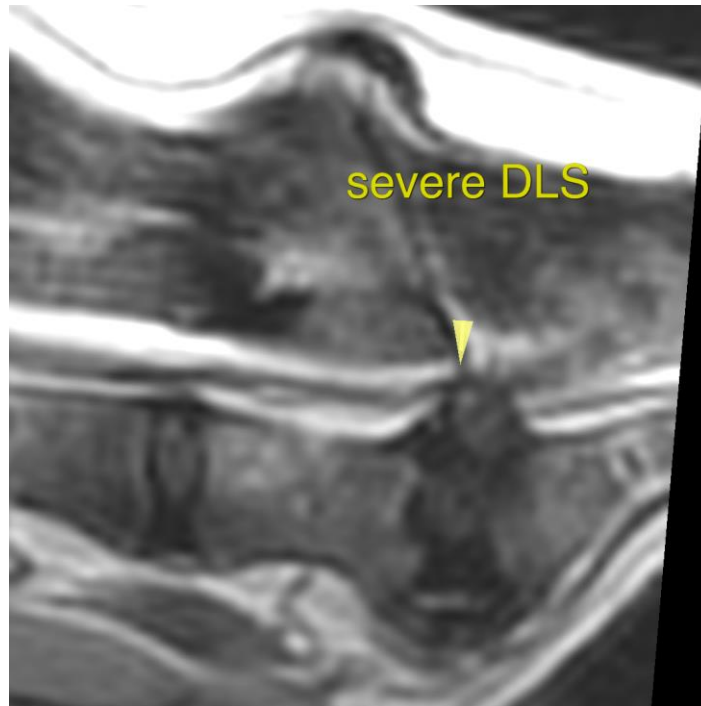
Lane Hansesn

**INVOICE**

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**DATE**

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**PATIENT**

Reka Hoyt

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

FS

**AGE**

9 Years

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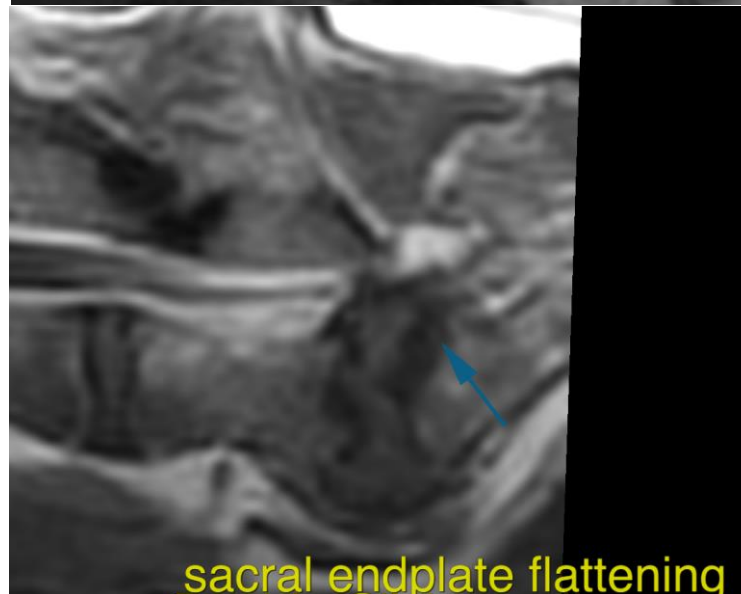
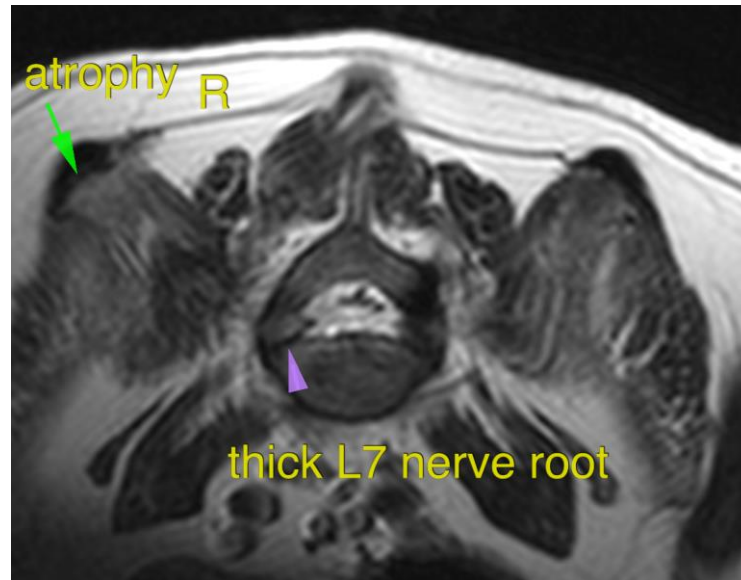
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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