



PATIENT

Oak Carraro

SPECIES

Canine

BREED

Lab X

SEX

MN

AGE

2 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Balmy Beach Pet
Hospital

REFERRING VET

Dr. Singh

INVOICE

52783

DATE

7-9-22

PRESENTING CLINICAL SIGNS

Exhibits pain when touched around the hip area. No lameness. There was a lump on the right hip which was removed, initially it was thought that it was the mass causing the pain. The mass was excised and it came back as lipoma. Even with mass removal, dog continues to have painful episodes. They are sporadic and intermittent.
Abnormal PE/Chem/CBC/UA Results: WNL

RADIOGRAPHIC STUDY OF THE PELVIS

2 ventrodorsal views and 1 lateral view of the pelvis totaling 3 images available for review.

RADIOGRAPHIC FINDINGS

A small amount of fecal matter is seen within the descending colon and rectum and highly inspissated to the degree of mineral opacity.

The lumbosacral junction presents within normal limits. No evidence of a transitional vertebra, traumatic osseous injury, stenosis, or aggressive bone lesions is seen.

The muscle volume of both hind limbs is symmetric.

Both coxofemoral joints present with congruent joint spaces, deeply situated femoral heads within deep acetabular grooves, and without any evidence of subluxation or osteoarthritis.

RADIOGRAPHIC DIAGNOSIS

- Constipation
- Radiographically normal coxofemoral joints with no evidence of canine hip dysplasia.
- Normal radiographic appearance of the lumbosacral junction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The osseous lumbosacral junction anatomy is considered within normal limits radiographically. There is no evidence of canine hip dysplasia or osteoarthritis of the coxofemoral joints. The possibility of dynamic compression, cauda equina neuropathy, or disc disease, and other cannot be ruled out radiographically. An MRI could be considered in the further workup of this patient depending on the clinical context.



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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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