

**PATIENT PRESENTING CLINICAL SIGNS**

ROXIE GARCIA  
 o concerned roxie is painful, pacing, panting. hip pain? not acting herself noticed yesterday  
 Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: MM  
 PM CRT 1-2 SEC Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: TENSE Uro/Perineum:  
**SPECIES** RECESSED VULVA WITH MOD INFLAMMATION IN VULVAR FOLDS. JEN NOTICED CREAMY  
 VAGINAL DISCHARGE, OWNER SAYS SHE WILL GET YELLOW VAGINAL DISCHARGE WHEN  
 Canine TAKES HER TO THE DOG PARK. Musculoskeletal: VERY PAINFUL / MARKEDLY DECREASED  
 ROM ON EXT OF HIPS. CREPITUS BOTH STIFLES, NO DRAWER EITHER STIFLE. NO BACK  
 PAIN. NO CP DEFICITS. BCS Neurological: N

**BREED RADIOGRAPHIC STUDY OF THE ABDOMEN, PELVIS, & STIFLES**

Lab  
 Lateral view of the abdomen, lateral view of the pelvis, and ventrodorsal hip extended view of the pelvis with craniocaudal view of the stifles totaling 3 images available for review.

**SEX RADIOGRAPHIC FINDINGS**

SF  
**Abdomen**

**AGE** The patient is obese.

8 Years, 7 Months  
 Spondyloses are seen at T13/L1, L1/2, and L2/3 with mild to moderate vertebral end plate sclerosis. Degenerative spondyloarthropathy is seen at L2/3 and L3/4. The lumbosacral junction presents within normal limits.

**INTERPRETED BY** The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI  
 The liver is appropriate in position, size and presents uniform opacity.

**HOSPITAL NAME** The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

DPC Veterinary Hospital  
 Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

**REFERRING VET** The stomach is in its anticipated position and presents normal content.

Dr. Feldt  
 The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

**INVOICE** The colon is seen in the expected position and presents with appropriate content.

46939 **Pelvis & Stifles**

**DATE** Severely reduced femoral head coverage is seen in both coxofemoral joints. The femoral heads present severe deformity secondary to new bone formation with a large amount of circumferential femoral head and circumferential femoral neck osteophytes.

8-10-21  
 The coxofemoral joint spaces are partially collapsed with deep subchondral bone sclerosis.



**PATIENT**

Appositional osseous growth of the acetabular grooves is seen at their craniolateral and dorsal margins.

ROXIE GARCIA

Both stifle joints present within age related normal limits on the craniocaudal view.

**SPECIES**

Canine

**RADIOGRAPHIC DIAGNOSIS**

- Severe bilateral canine hip dysplasia with bilateral end stage degenerative joint disease of the coxofemoral joints.
- Spondyloses and presumed chronic intervertebral disc disease in the thoracolumbar junction and cranial lumbar spine.
- Radiographically age related stifles.

**BREED**

Lab

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Severe osteoarthritic changes with joint space collapse of both coxofemoral joints are seen as a consequence of canine hip dysplasia and may well correlated with the patient's clinical signs. There also is radiographic evidence of chronic intervertebral disc disease in the thoracolumbar junction and cranial lumbar spine; however, this is not necessarily associated with disc hernia and compressive myelopathy as it may represent uncomplicated degenerative disc disease.

SF

**AGE**

8 Years, 7 Months

**INTERPRETED BY**

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Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Feldt

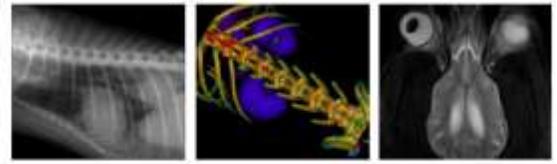


**INVOICE**

46939

**DATE**

8-10-21



**PATIENT**

ROXIE GARCIA

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.

**SPECIES**

Canine

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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

**BREED**

Lab

**SEX**

SF

**AGE**

8 Years, 7 Months

**INTERPRETED BY**

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**HOSPITAL NAME**

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Hospital

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