



**PATIENT**

Tikanni Fingerlos

**PRESENTING CLINICAL SIGNS**

Has been having neck pain. The C7 is the main concern. when ever Tikanni steps or sneezes he will cry out in pain and sometimes his left front leg will go lame. we are Methocarbamol, Gabapentin and Gallaprant and joint supplements.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Ambulatory X 4, normal gait. PAIN WITH PALPATION OF CRANIAL THORACIC SPINE, proprioception normal other than that looked healthy. No resent labs.

**BREED**

Siberian Husky

**RADIOGRAPHIC STUDY OF THE CERVICAL & THORACIC SPINE**

Lateral and orthogonal views of the cervical and thoracic spine totaling 4 images available for review.

**SEX**

Neutered

There is no evidence of craniocervical junction abnormality.

**AGE**

13 Years, 5 Months

Moderate ventrally bridging spondylosis is present at C2/3 with mildly reduced intervertebral disc space width. The intervertebral disc space C4/5 appears to be reduced in width as well. There also is a large amount of new bone formation bridging C4 and C5 vertebrae ventrally and laterally.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

T5/6, T12/13, and T13/L1 spondyloses are seen in the thoracic spine. The spondyloses are ventral and left lateral at T12/13 and ventral as well as right lateral at T13/L1. Moreover, ventral and lateralized spondyloses are present at L1/2 and L2/3 as well as L3/4 with right sided accentuation at L1/2 and L2/3.

No evidence of aggressive bone lesions or traumatic osseous injury is seen.

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**RADIOGRAPHIC DIAGNOSIS**

- Multiple spondyloses within the cervical, thoracic, and cranial lumbar spine at C2/3, C4/5, T5/6, T12/13, T13/L1, L1/2, L2/3, and L3/4.

**REFERRING VET**

Kim Allyn, DVM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Based on the radiographic findings, spondyloses with presumed concurrent chronic intervertebral disc disease is seen multifocally within the cervical, thoracic, and cranial lumbar spine as far as included. These changes may be accompanied by disc hernia. However, presence of disc hernia, and especially compressive disc hernia, is not a given with the pertinent radiographic findings and spondyloses are one of the most common incidental findings of the spine. Based on the radiographs, there was no evidence of aggressive bone lesions. No structural pathology could be identified in the deep cervical spine; however, multiple discopathies and myelopathies are radiographically occult and require further definition by means of cross sectional imaging. Based on the patient demographics, an MRI of the spine would be ideal for further definition.

**INVOICE**

46966

**DATE**

8-12-21



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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.

**SPECIES**

Canine

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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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