



**PATIENT**

Ella Ditto

**PRESENTING CLINICAL SIGNS**

Hacking and coughing, Trouble walking, Limping on Right hind Leg, Loss of appetite for two days  
 Moderate pain on palpation of Abdomin  
 Abnormal PE/Chem/CBC/UA Results: Elevated WBC and Neutrophil Low Lymph, Eos and Potassium Lip (>300) pancreatitis

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE RIGHT STIFLE, PELVIS, ABDOMEN, & THORAX**

Mediolateral view of the right stifle, lateral and ventrodorsal view of the abdomen, right lateral view of the thorax, and ventrodorsal hip extended view of the pelvis totaling 5 images available for review.

**BREED**

German Shepherd

**RADIOGRAPHIC FINDINGS**

**SEX**

Female Spayed

**Right Stifle / Pelvis**

The muscle volume of the right hind limb appears to be reduced.

The radiographic presentation of the right stifle and right coxofemoral joint is within normal limits. The left coxofemoral joint presents within normal limits as well. There is no evidence of dysplasia, osteoarthritis, or aggressive osteolytic lesions.

**AGE**

10 Years

The pelvic bones are symmetric and intact.

**INTERPRETED BY**

Nele Eley, DVM  
 Dr. med. Vet. DipECVDI

No lumbosacral junction abnormality is seen.

Number, alignment, and general anatomy of the lumbar vertebrae present within normal limits. Mild spondylosis deformans is seen at L2/3.

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 Hospital

**Abdomen**

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

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

**REFERRING VET**

Dr. Hassan

The liver is appropriate in position, size and presents uniform opacity.

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.

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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.

Mild gastric aerophagia is present.

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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.



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

Ella Ditto **Thorax**

The surrounding bony structures are within normal limits.

**SPECIES** The extrathoracic soft tissues present homogeneous without abnormalities.

Canine

The heart is of normal size and shape and there is no evidence of cardiac chamber or vascular enlargement. The cardiac silhouette is upright and thin, and the pulmonary vasculature is sparsely seen as well.

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German Shepherd

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**SEX**

There is mild esophageal aerophagia.

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The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**AGE**

10 Years

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity. The intrapulmonary vascular branching is seen up to the third order lung vessels.

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The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**RADIOGRAPHIC DIAGNOSIS**

- Hypovolemia with microcardia and underperfusion of the lung.
- Normal age related lung and bronchial tree.
- Mild gastroesophageal aerophagia.
- Radiographically normal abdomen.
- Normal age related right stifle and coxofemoral joints.

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**REFERRING VET**

Dr. Hassan

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The reason of the clinical signs remains unclear. Mild atrophy of the right hind limb musculature is seen. The radiographic presentation of the right stifle and pelvis, however, is within normal limits. No obvious structural changes are noted in the abdomen and thorax of this patient. Consider neurologic and full internal medicine workup if not performed already.

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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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