



PATIENT PRESENTING CLINICAL SIGNS

Jackson Zieba r/o IVDD. History of limping occasionally. On PE, obvious grade 2 patellar luxation, but on x-ray, the patellar is completely luxated.

SPECIES RADIOGRAPHIC STUDY OF THE LUMBAR SPINE

Canine Right/left lateral and ventrodorsal views of the lumbar spine totaling 4 images available for review.

BREED RADIOGRAPHIC FINDINGS

Pomeranian Reduced intervertebral disc space width, vertebral end plate sclerosis, and spondylosis deformans are noted in the caudal thoracic spine between T12/13 and at the thoracolumbar junction between T13 and L1.

SEX Spondylosis deformans is also present between L1 and L2.

Neutered Male A mineral opaque focus is seen level with the intervertebral disc space L3/4.

AGE Bilateral medial patella luxation is noted.

7 Years **RADIOGRAPHIC DIAGNOSIS**

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

- Chronic thoracolumbar intervertebral disc disease with spondylosis deformans between T12/13 and T13/L1.
- Mild spondylosis deformans L1/2.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Truscott Animal Hospital

The radiographic study suggests presence of chronic intervertebral disc disease between T12/13 and T13/L1. The changes may reflect degenerative disc disease with or without concurrent intervertebral disc herniation. The presence of compressive myelopathy is not necessarily given but could be ruled out by means of cross sectional imaging depending on the clinical context.

The focal mineralization level with the intervertebral disc space L3/4 may represent mineralization of the intervertebral disc, dural mineralization, as well as summation artifact.

REFERRING VET

Medhat Meawad

INVOICE

53838

DATE

8-30-22



PATIENT

Jackson Zieba

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

7 Years

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HOSPITAL NAME

Truscott Animal
Hospital

REFERRING VET

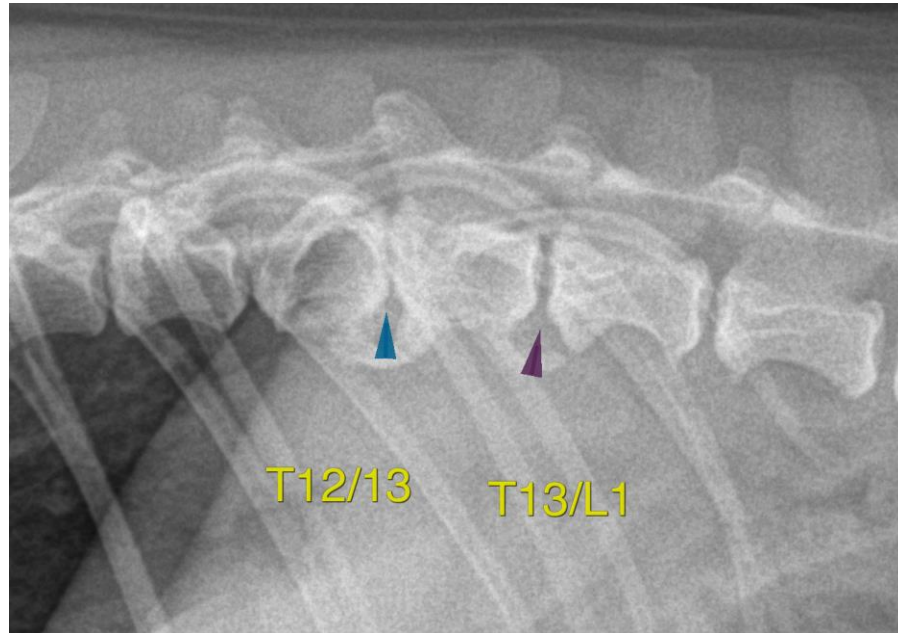
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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