SonoPath Teleradiology

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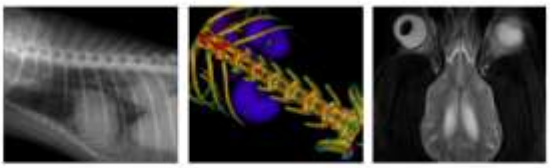


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Mabel Nolan

SPECIES

Canine

BREED

Pit Bull

SEX

FS

AGE

12

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Ascot

INVOICE

46910

DATE

8-9-21

PRESENTING CLINICAL SIGNS

Pt has decreased appetite, ataxia in rear legs that improved with course of steroids. Appetite has returned to decreased. Concern for disckospondylosis vs discospondylitis vs emerging bone neoplasia at level of T12-L2. O is returning tomorrow for fasted rads concern for gastric FB

RADIOGRAPHIC STUDY OF THE ABDOMEN & LUMBAR SPINE

3 lateral and 1 dorsoventral views totaling 4 images available for review.

RADIOGRAPHIC FINDINGS

Lumbar Spine

Moderate intervertebral disc space collapse and spondylosis deformans are seen at T12/13 and T13/L1.

The L1/2 intervertebral disc space is severely collapsed.

Mineralized intervertebral disc material is seen at L2/3.

There are moderate spondyloses present from T12 through L2.

The vertebral end plates of T12/13, T13/L1, and L1/2 present mild irregularity with sclerosis and osseous remodeling; however, no evidence of vertebral end plate defects are seen.

L2/3 and L3/4 present early spondyloses.

Severe degenerative lumbosacral stenosis with spondylosis, vertebral end plate sclerosis, and intervertebral disc space collapse is seen.

The overall bone opacity is reduced in this patient.

Abdomen

The mamils are prominent and superimpose onto the stomach.

The abdominal wall is smooth and thin.

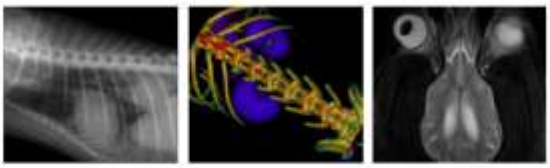
The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

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.

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.

I cannot delineate radiopaque foreign material within the stomach in this study; however, the



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stomach is filled with a moderate amount of granulated soft tissue opaque material compatible with food.

The small intestinal loops are evenly distributed throughout the mid abdomen. They are turgid in appearance with a mildly discrepant gas pattern.

A moderate amount of fecal material is seen within the colon.

RADIOGRAPHIC DIAGNOSIS

- Chronic intervertebral disc disease with vertebral end plate remodeling, intervertebral disc space collapse, and spondyloses from T12-L2.
- Degenerative disc disease L2/3.
- Early spondyloses L2/3 and L3/4.
- Severe degenerative lumbosacral stenosis with spondylosis, intervertebral disc space collapse, and vertebral end plate sclerosis.
- Presumably age related generalized osteopenia.
- No radiographically visible gastric foreign material.
- Small intestinal maldigestion pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic findings of the spine are compatible with multifocal chronic intervertebral disc disease which may be associated with disc hernia. The vertebral end plate remodeling is most likely to represent modic changes in terms of degenerative disease. I do consider discospondylitis or other aggressive disease based on the radiographic appearance very unlikely. There also is radiographic evidence of degenerative lumbosacral stenosis.

No gastric foreign material was visible on this post-prandial study. There is an unspecific gastrointestinal maldigestion pattern noted.

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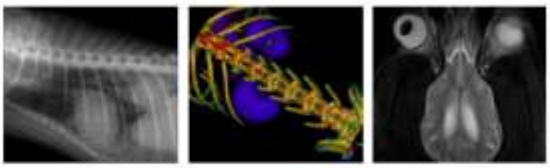

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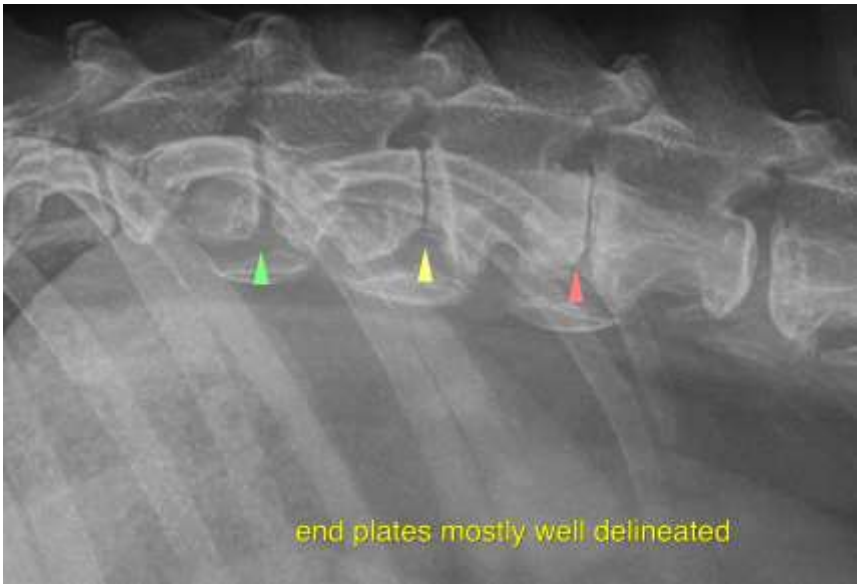

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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