

**PATIENT PRESENTING CLINICAL SIGNS**

Melody Dog Tales  
Rescue and Sanctuary

Paralyzed hind end- identified with a T-L displaced fracture while in Saudi and was stabilized with a modified skeletal fixation using pins K-wires and PMMA cement. Open wound with purulent discharge over T10-T12 surgical site

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Chem: Markedly elevated Na+ otherwise blood values WNL  
PE: Non ambulatory on hind legs, Mild plaque on 104 and 204 Open wound with purulent discharge over T10-T12 surgical site

**BREED**

Small Mixed

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE**

Bone and soft tissue windows available for review.

**SEX**

Spayed Female

Pins, k-wires and mineral attenuating material are seen dorsal to the caudal thoracic and cranial lumbar spine, spanning from the 10<sup>th</sup> thoracic through the 2<sup>nd</sup> lumbar vertebra. The implants are situated within the dorsal spinous processes only. No implants are seen within the vertebral bodies.

**AGE**

1 Year

A long oblique fracture of the 12<sup>th</sup> thoracic vertebra with contraction and severe displacement is seen. The cranial fracture segment of the 12<sup>th</sup> thoracic vertebra is situated within and occupies the vertebral canal. Additional smooth new bone formation occupies the remainder of the lumen of the vertebral canal.

**INTERPRETED BY**

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

There is 30 degree ventral angulation and 15 degree leftward angulation of the spine caudal to the fractured area. The caudal half of the 12<sup>th</sup> thoracic vertebra is ventral to the cranial spinal segment and fused to it by smooth osseous callous formation. No residual vertebral canal can be identified in the fractured area.

The pins and k-wires present hypoattenuating haloes with peripheral sclerosis and smooth periosteal new bone formation. Regional muscle atrophy and subcutaneous soft tissue swelling with irregular skin surface is seen dorsal to the fracture.

**HOSPITAL NAME**

Animal Health  
Partners

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Malunion fracture with complete obliteration of the vertebral canal after traumatic osseous injury and open reduction and internal fixation of an oblique vertebral fracture of T12.
- Osteitis of the dorsal spinous processes with implant loosening and drainage tract formation dorsal to the fractured area.

**REFERRING VET**

Dr. Jeffery Biskup

**INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

41382

Unfortunately, there is no patent vertebral canal noted in the fractured area, which is due to the malunion and osseous callous obliterating the vertebral canal. Complete disruption of the spinal cord with irreversible damaged must be assumed. Moreover, there are signs of implant infection with drainage tract formation, which appear to be limited to the spinous processes and vertebral grooves of the affected vertebra, since no implants are situated within the vertebral bodies.

**DATE**

9/12/22



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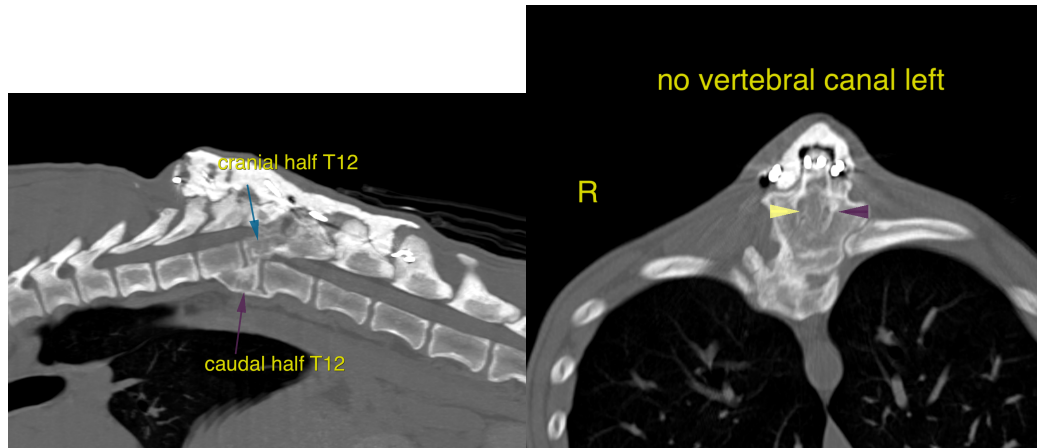
Dr. Jeffery Biskup

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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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