



PATIENT PRESENTING CLINICAL SIGNS

Kato Little
SPECIES Canine
BREED Pitbull X
SEX Neutered Male
AGE 4 Years

Kato has had an ongoing history of abnormal gate in front and hind end. He also does not trot, prefers to lope along with a bunny hopping gait in the hind end. Exercise tolerance lower than other dogs, lags behind the group. Can get annoyed by dogs when playing for long periods of time and has been snappy at them when jumping on him. No issues with stifle manipulation. No individual leg lameness, always a bilateral soreness. Also cannot sit in a right angle between the stifle and hock, always shifts limb to limb. Unknown history as he was rescued in 2019. Radiographs completed in June of 2021 show a calcified disk between L2-L3 as well as spondylosis starting on T12-T13. September 23rd, he began showing signs of being ataxic. Abnormal gate in the hind end and very wobbly. Metacam was started on September 23rd and has been given daily for 3 days. He is also on Gabapentin.

Abnormal PE/Chem/CBC/UA Results: Blood work normal. Abnormal proprioception in both hind legs. Very wobble, won't lift legs to urinate. Unable to jump up. No pain upon palpation but lethargic.

RADIOGRAPHIC STUDY OF THE CERVICAL, THORACIC, & LUMBAR SPINE

Compared to thoracolumbar radiographs from 2021. 10 images in total in jpeg format. Orthogonal views of the cervical, thoracic, and lumbar spine are available for review.

Only jpg images were submitted. The transformation from DICOM to jpg only allows for limited manipulation of the image. For the best possible results, we suggest submitting DICOM images in the future. Please do not hesitate to contact us should you need any help with the submission process.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

RADIOGRAPHIC FINDINGS

Number, alignment, and general anatomy of the cervical, thoracic, and lumbar vertebrae present within normal limits. The craniocervical junction is not included in this study.

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The cervicothoracic junction presents within normal limits.

Focal mineralization level with the ventral aspect of the intervertebral disc spaces seen T13 and L1 on the oblique lateral view. These findings are not repeated on the right lateral view.

The lumbosacral junction presents within normal limits.

REFERRING VET

Dr. Jennifer Bieleny

The coxofemoral joints present no evidence of dysplasia or osteoarthritic changes.

The muscle volume of both hind limbs appears adequate and symmetric.

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The stifle joints reveal no structural abnormality.

RADIOGRAPHIC DIAGNOSIS

- Suspect focal mineralization of the intervertebral disc T13/L1 – otherwise normal radiographic presentation of the cervical, thoracic, and lumbar spine.

DATE

9-26-22



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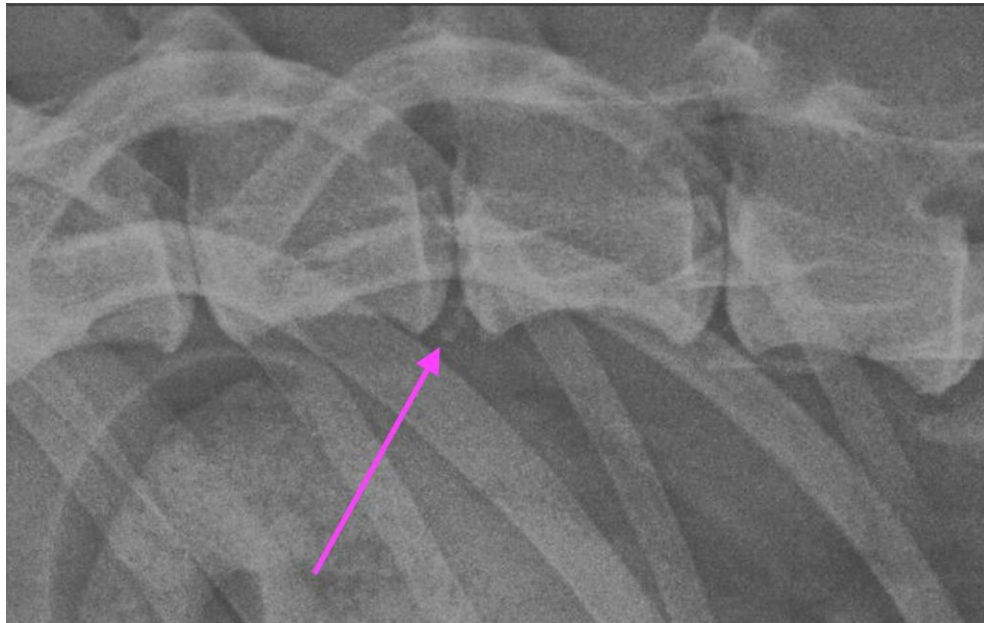
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study reveals potential for degenerative intervertebral disc disease at T13/L1. These changes may reflect uncomplicated degenerative disc disease. Concurrent disc hernia cannot be ruled out entirely. Further definition would require cross sectional imaging and ideally an MRI in this patient to correlate with the results of the clinical neurologic examination.



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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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