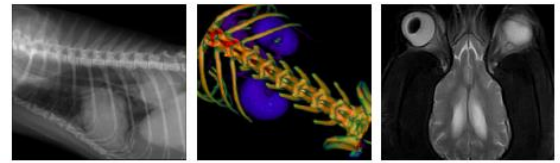


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Betty Dog Tales Rescue and Sanctuary

SPECIES

Canine

BREED

Great Pyreneese

SEX

FS

AGE

11 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Health Partners

REFERRING VET

Dr. Jeffery Biskup

INVOICE

54018

DATE

9-8-22

PRESENTING CLINICAL SIGNS

Betty, a 11 year old, Unknown Great Pyrenees, presented to the AHP Neurology Service on July 26, 2022 for evaluation of abnormal pelvic limb gait and suspected back pain. Overall, there has been mid- to longterm slower gait and suspected back pain (lumbar), progressive, with possible gait abnormalities. As for Betty I worry about her decline and back pain. As mentioned before her back and hips are sore, but her backend is getting worse. There are proprioception deficit (delayed more on left, but also right hind end). Sensitive especially on L4-6, but some sensitivity all around Lspine. Hips also appear more painful;. Difficulties getting up. Highly recommended neuro consult due to DD of IVDD or DM. Please continue pregbalin at 150mg BID and CBD/CBG as previously discussed. Hindquarter weakness is also a good option if her GI can handle it (I think you still have some). Recent diagnostics: none recently (<3 months). Current medications: budesonide 3mg PO q24h. gabapentin 400mg PO q12h Other: CBD oil, CBG Previous medical history: IBD (RC vegetarian), reported well managed as long as she is strict with diet. Abnormal PE/Chem/CBC/UA Results: GEN: BAR, euhydrated BCS #INPUT#/9 EENT:No ocular/nasal discharge, Moderate dental disease, no lenticular or corneal opacities. CV: No murmur/arrhythmia, pulses strong/synchronous, symmetric RESP: No crackles/wheezes INTEG: 1x1 cm mobile mass on right proximal scapula ABD: No organomegaly, no pain on abdominal palpation MS: Ambulatory x 4 LN: No lymphadenomegaly appreciated GU: Female spayed Neuro: CP x 4, full neuro not performed. Lower lumbar pain Rectal: Anal sacs mildly distended, no pain on LS palpation Ortho: forelimbs: No digital crepitus or pain. No carpal effusion, normal range of motion. Full range of motion of elbow, Mild discomfort on left coronoid palpation. No pain on shoulder extension or flexion. pelvic limbs: No pain on digital or hock palpation/range of motion. No instability, creptius, or effusion of stifle. No laxity of patella. No pain on hip range of motion or abduction.

COMPUTED TOMOGRAPHIC STUDY OF THE NECK, THORAX, ABDOMEN, FRONT & HIND LIMBS

Plain and post contrast studies in soft tissue, bone, and lung windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Abdomen

The patient is mildly obese.

A small subcutaneous nodule is seen in the right flank.

Multiple iso- to hypo- attenuating nodules are seen throughout the spleen.

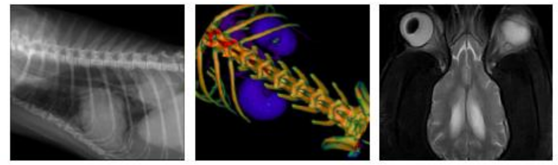
A small cyst is seen in the right division of the liver.

The gallbladder is moderately distended. A moderate amount of mineral attenuating content is seen within the gallbladder.

The pancreas, abdominal lymph nodes, and adrenal glands present within normal limits.

The kidneys and urinary bladder present within normal limits.

Highly inspissated fecal matter is seen in the colon without evidence of dilation of the colon.



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Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern are uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Spine

Number, alignment, and general anatomy of the thoracic and lumbar vertebrae present within normal limits.

Mild intervertebral disc protrusions are seen between T4/5 and T5/6.

Moderate intervertebral disc protrusion with partial mineralization of the in situ intervertebral disc material is seen between L6 and L7.

Moderate lumbosacral disc protrusion is noted.

Front & Hind Limbs

The shoulders, elbows, carpi, hip, stifle, tarsal, metacarpophalangeal, and metatarsophalangeal joints present within age related normal limits.

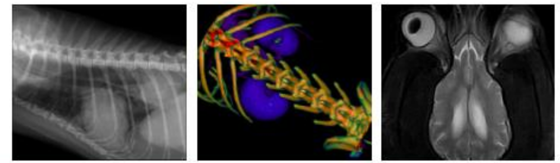
COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate chronic L6/7 and L7/S1 intervertebral disc protrusions.
- Splenic nodules.
- Small parenchymal liver cyst within the right division of the liver.
- Biliary microlithiasis.
- Coprostasis.
- Small subcutaneous nodule - right flank.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate chronic intervertebral disc protrusions are seen at L6/7 and at the lumbosacral junction.

The splenic nodules may represent benign nodular hyperplasia, multifocal hematoma, extramedullary hematopoiesis, and infiltrative disease.



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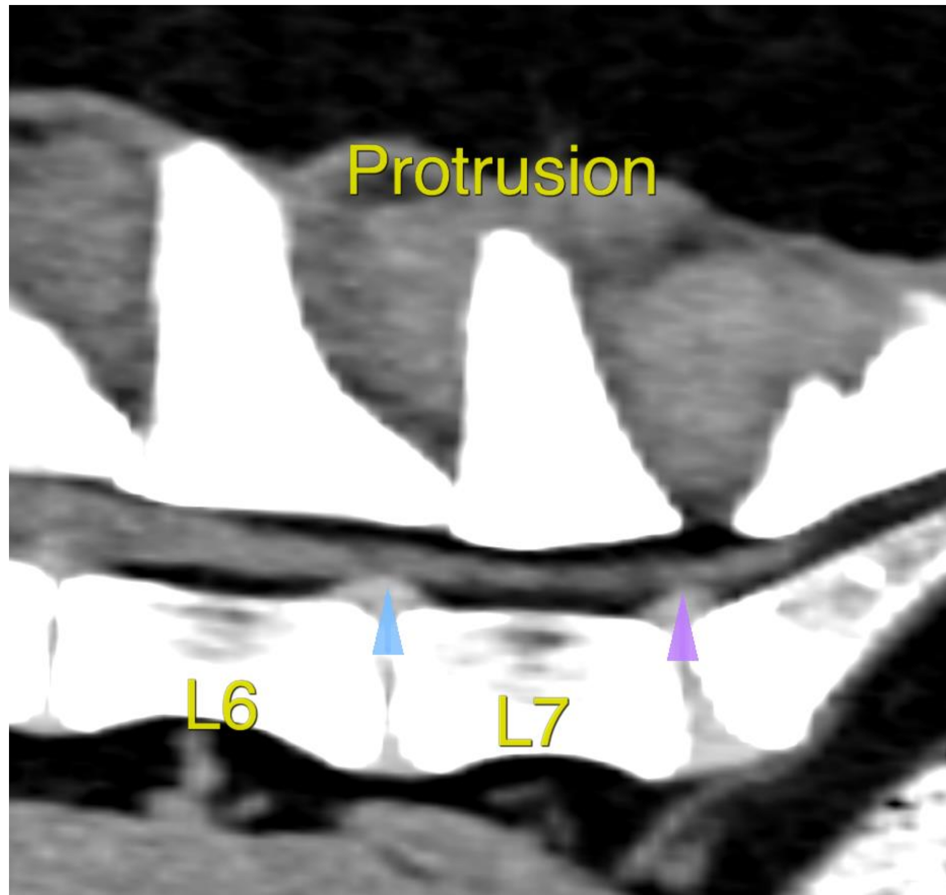
No evidence of significant articular pathology was seen throughout the joints of the front and hind limbs.



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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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