



PATIENT PRESENTING CLINICAL SIGNS

Oz Flannery Presented for evaluation of concerns with the left pelvic limb. The symptoms have occurred about 4-5 months ago. Initially it was occasional lifting up with limb when first getting off the couch. He has had some weakness in the rear end. He will hold up the left pelvic limb. In the first week of January, he did it again and was whimpering in pain and has been doing it daily. He seems to be pretty normal between bouts. He has difficulty getting comfortable on the left pelvic limb. The tail function appears normal. He can posture normally to eliminate and has had no incontinence. The spinal posture is normal. He is more gassy than previously. His appetite is increased.

SPECIES Canine
BREED Abnormal PE/Chem/CBC/UA Results: Wide based stance in pelvic limbs. Mildly averse to cervical palpation Polyphagia with polydypsia and elevated ALT and ALP

Hungarian Vizsla

MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE & PELVIS

SEX T2&T1 (DIXON) pre- and post-gadolinium sequences in multiple imaging planes are provided for review.

MN

MAGNETIC RESONANCE IMAGING FINDINGS

The intervertebral discs T12/T13 and L7/S1 are mildly protruding into the vertebral canal.

AGE

11 Years

Mild to moderate lateral spondylosis formation is seen in the region of the left neuroforamen L7/S1 and the left spinal nerve L7 is deflected by the spondylosis formation.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

Both coxofemoral joints present a mild intracapsular soft tissue swelling.

In the fascial plane of the pictured caudoproximal aspect of the left thigh musculature, a mass presenting the same signal behavior like the subcutaneous fat, is visible, measuring approximately 3.8 x 2.8 x 5 cm in size. The sciatic nerve is displaced laterally by the mass effect. A subcutaneous lipoma is seen in the left flank.

HOSPITAL NAME

Animal Health Partners

Post contrast administration, no pathological distribution of the contrast media is appreciated.

Nodular enlargement of the cranial pole of the right adrenal gland is present, presenting hypoattenuating in T2 and post contrast administration.

REFERRING VET

Dr. Greg Kilburn

MAGNETIC RESONANCE IMAGING DIAGNOSIS

- Left lateral spondylosis formation with potential impingement of left spinal nerve L7
- Mild intervertebral disc protrusion T12/T13 and L7/S1 without compressive myelopathy
- Mild effusion coxofemoral joints bilaterally
- Intermuscular lipoma caudoproximal aspect left thigh
- Nodular enlargement right adrenal gland
- Subcutaneous lipoma left flank

INVOICE

49879

DATE

1-26-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The lateral new bone formation in the region of the left neuroforamen is in contact with the left spinal nerve L7 and might cause intermittent impingement of the spinal nerve and resultant pain. Local glucocorticoid application might be tried as minimally treatment option.



PATIENT

Oz Flannery

The joint effusion of the coxofemoral joints can be a sequela to degenerative joint disease.

The clinical relevance of the intermuscular lipoma at the caudoproximal aspect of the left thigh is unclear.

SPECIES

Canine

The nodular enlargement of the right adrenal gland can present (non)functional macronodular hyperplasia or neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Testing of the pituitary adrenal axis might be considered.

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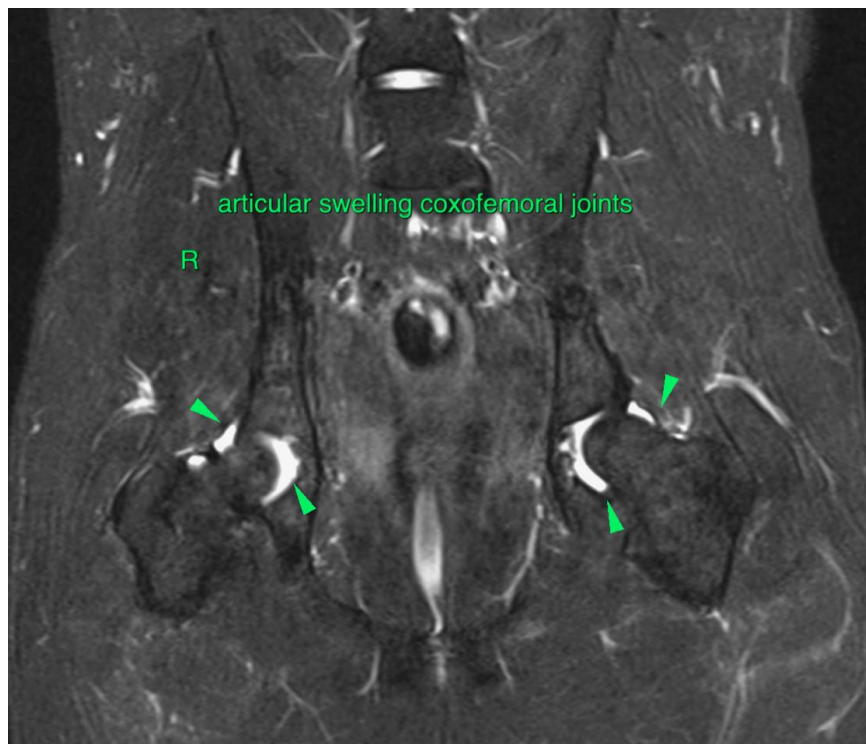
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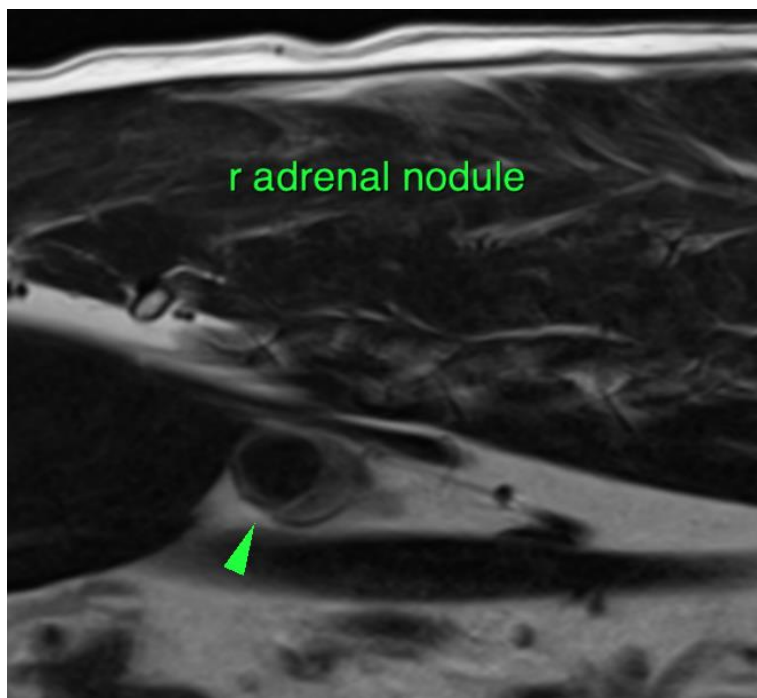
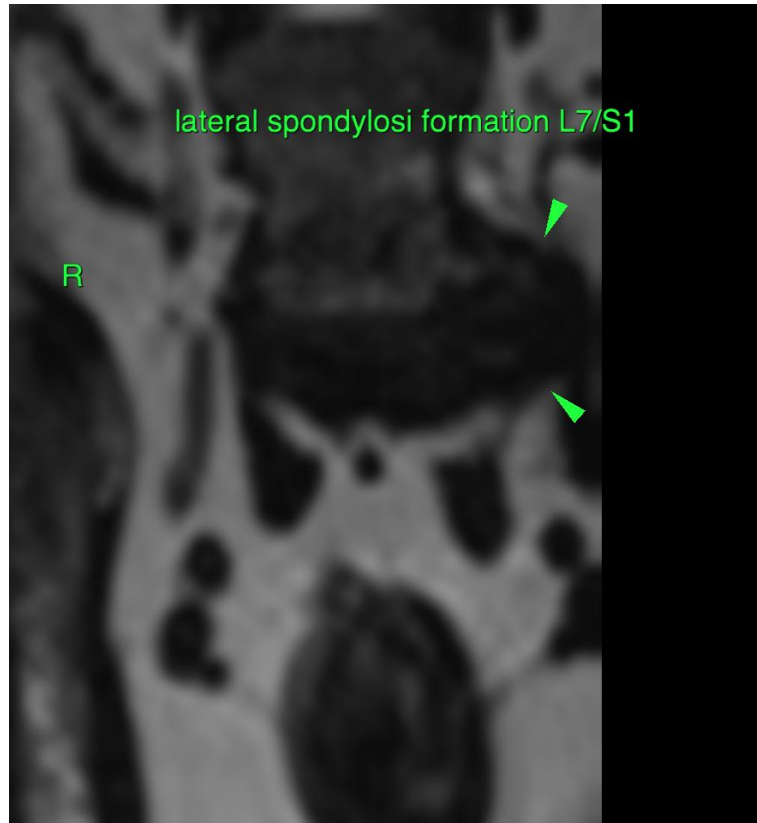
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SPECIES

Canine

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.

BREED

Hungarian Vizsla

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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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