



**PATIENT PRESENTING CLINICAL SIGNS**

**Briggs Bernard** History: Owner noted painful and unable to rise on 3 occasions. Would vocalize when owner would try and move him. Otherwise eating and drinking normally and has not noted any obvious limping or other issues. Not PU/PD per owner.

**SPECIES**

**Canine** Abnormal PE/Chem/CBC/UA Results: Heart and lung ok , abdominal palp normal, normal CP, lymph nodes normal no swellings or muscles wasting noted. Bloodwork all normal EXCEPT for elevated UPC ratio. BP elevated - started on Benazepril daily

**BREED RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND STIFLE JOINTS**

**Airedale Terrier** A full set of radiographs of the thorax, abdomen and stifle joints is provided for review. Images are provided in JPEG file format.

**SEX RADIOGRAPHIC FINDINGS**

**Intact Male** **Thorax**

**AGE** The vertebral endplates T4/T5 and T5/T6 show moderate spondylosis formation.

**10 Years** The extrathoracic soft tissues present homogeneous without abnormalities.

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

**INTERPRETED BY**

**Sebastian Schaub, DVM Dr. med. vet. DipECVDI** The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

**HOSPITAL NAME**

**Faith AC** The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected. The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**REFERRING VET**

**Dr. Faith** **Abdomen**

The vertebral endplates of the lumbosacral junction presents a moderate sclerosis and the surface of the endplates appears irregular. Moderate spondylosis formation is seen at the ventral aspect of the lumbosacral junction.

**INVOICE**

**13436** No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

**DATE**

**10/1/21** The serosal detail is maintained throughout the peritoneal and retroperitoneal space.



**PATIENT**

Briggs Bernard

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.

**SPECIES**

Canine

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.

**BREED**

Airedale Terrier

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

**SEX**

Intact Male

The colon is seen in the expected position and presents with appropriate content.

**Stifle Joints**

**AGE**

10 Years

Both stifle joints present smooth osseous margins, there is no evidence of intracapsular swelling.

**RADIOGRAPHIC DIAGNOSIS**

- Active osseous remodeling vertebral endplates lumbosacral junction with moderate spondylosis formation
- Normal abdomen
- Normal thorax but spondylosis formation
- Normal stifle joints

**INTERPRETED BY**

Sebastian Schaub,  
DVM Dr. med. vet.  
DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Faith AC

The changes of the lumbosacral junction are concerning for discospondylitis versus chronic degenerative remodeling ± combination with degenerative lumbosacral stenosis. Both are potentials for the clinical signs. Radiographs centered on the spine can help to better visualize the lumbosacral junction and support the diagnosis. Cross-sectional imaging can be considered as an alternative imaging modality. As there is increased UPC rule out urinary tract infection as potential source for discospondylitis.

**REFERRING VET**

Dr. Faith

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**PATIENT**

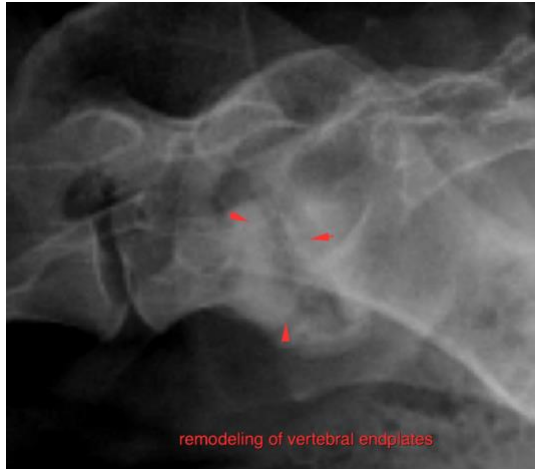
Briggs Bernard

**SPECIES**

Canine

**BREED**

Airedale Terrier



**SEX**

Intact Male

**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.

**AGE**

10 Years

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**HOSPITAL NAME**

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