



## PATIENT

Ronnie Nicholson

## SPECIES

Canine

## BREED

Cross Breed

## SEX

MN

## AGE

4Y, 1M

## WEIGHT

30.5kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Ana

## HOSPITAL NAME

Animal Trust - Bolton

## REFERRING VET

Ana Valega

## INVOICE

72720

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

lameness started 5 weeks ago, improved loads on metacam, then worse again, then given pardale and improved again was off meds about 6 days, gradually increased exercise then not using leg much on a walk, and unsettled at night RH had been holding up

Abnormal PE/Chem/CBC/UA Results: Physical Examination/Findings: lameness 3/10 at walk- diff to locate which limb eyes bright, MM P+M, CRT1-2s. H+L NAD very sensitive around spinal palpation- may be over sensitised now, muzzled, jumping around loads cant locate where is worst

## COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE AND PELVIS

A high resolution plain CT study of the lumbar spine and pelvis is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The osseous and soft tissue structures of the lumbar spine reveal no abnormalities.

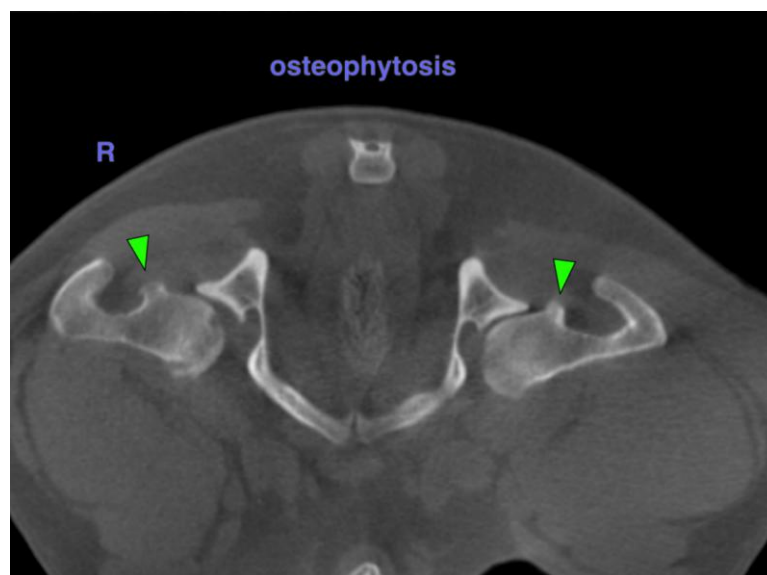
The osseous and surrounding soft tissue structures of the pelvis are within normal limits. The periarticular bones of both coxofemoral joints present mild to moderate osteophyte new bone formation. The center of the femoral heads is level/just lateral to the dorsal acetabular rim, R>L. At the caudal aspect of the right acetabular groove, small mineralizations are appreciated.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild osteoarthritis coxofemoral joints
- Metaplasia joint capsule right coxofemoral joint
- Normal lumbar spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The degenerative joint disease of the coxofemoral joints is a sequela to mild hip dysplasia – if the finding is a cause for the presenting clinical signs is unclear. No additional abnormalities are appreciated.





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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.

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)