



**PATIENT PRESENTING CLINICAL SIGNS**

Alva Neculoiu

Previous History: adopted in May 2021 from Chicago Alva initially presented in early July for workup of lameness, fever, and lethargy. Radiographs revealed changes consistent with HOD. She was treated with steroids, clavaseptin, and gabapentin. She was prescribed a tapering course of steroids starting at ~1.5 mg/kg/day. Radiographs were retaken at dr. Neculoiu's clinic which revealed significant radiographic improvement of the supraphyseal lucencies previously appreciated proximal to the radius and ulna. resolved with prednisone and went into remission - prednisone was tapered of and discontinued history of aspiration pneumonia diagnosed on 7/2/21 which had resolved radiographically Current History: concerns for acute flare up of HOD with 1 week duration acute onset of lethargy, anorexia, not drinking, diarrhea skin dense nodules 3-4 mm around cervical area and ocular discharge losing weight - approximately 1.5 kg in the last week started on Dexamethasone 5 mg inj, followed by Prednisone 40 mg SID (1.76 mg/kg), metronidazole 250 mg BID, omeprazole 20 mg BID, gabapentin 200 mg in am 100 in afternoon and 200 mg in the evening, sulcrate 5 cc 2-3 times daily, cerenia 60 mg SID no fever, not painful walks normally and no pain elicited at carpal and forearm palpation initially her level of energy improved and she started to eat a little, although very picky metronidazole and cerenia were discontinued Nov 22 today she had a sudden turn for the worse, with profound lethargy and anorexia for 1.5 days reoccurring; her drinking and urination has increased since on steroids started her on Mirtazepine 15 mg SID - no change today vulvar swelling and vaginitis was evident this past week she was fed a variety of cooked foods and dog canned food recent radiographs, bloodwork, UA performed force feeding, normally ravenous even off of prednisone had been in remission from HOD for 3 months now restarted on prednisone 1 week (wednesday last week), thursday restarted on prednisone no vomiting over the last week but had been on cerenia for 5 days - stopped 2 days ago had diarrhea last week - was on metronidazole for 7 days until yesterday - resolved within 2 days of starting the prednisone Vaccination status: UTD on vaccines including leptosporosis - last received when was 4 months old Current diet: Royal Canin large breed development Current medications: mirtazapine 15 mg SID - last given at 10PM Nov 23 prednisone 40 mg SID - last given this morning 4AM omeprazole 20 mg SID - last given 4AM gabapentin 200 mg - last given at 4AM discontinued sulcrate Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with no ataxia or paresis. Postural reactions: Proprioceptive positioning and hopping were normal in all limbs. Spinal reflexes: Normal. Sensory/nociception: Mild to moderate hyperesthesia elicited with palpation along lumbosacral vertebral column Rectal: pain elicited when palpation of rectum's roof. Other: Intermittent reaction when tail-jacking Assessment: Differential diagnosis that can be considered are dynamic lumbosacral stenosis, diskospondylitis, ilio-psoas myositis.

**SPECIES**

Canine

**BREED**

Irish Setter

**SEX**

FS

**AGE**

9 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Edouard Marchal

**MAGNETIC RESONANCE IMAGING OF THE LUMBAR SPINE**

T2 weighted, FLAIR, diffusion weighted, T1 pre- and post-gadolinium sequence in multiple imaging planes are provided for review.

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**MAGNETIC RESONANCE IMAGING FINDINGS**

The osseous and soft tissue structures of the lumbar spine, pelvis and within the pelvic canal are within normal limits.

**DATE**

11-27-21

No abnormalities of the lumbosacral junction are seen, both in the extended and flexed position.



**PATIENT**

Alva Neculoiu

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Normal lumbar spine
- Normal lumbosacral junction
- Normal pelvic canal

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The MRI study of the lumbar spine/lumbosacral junction and pelvis are within normal limits. There are no signs for discospondylitis or evidence of lumbosacral stenosis/compression of the caudal equina fibers.

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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.

**REFERRING VET**

Edouard Marchal

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  
sebast.schaub@gmail.com

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