



PATIENT

Luna Bent

SPECIES

Canine

BREED

Rottweiler

SEX

Female

AGE

1 Year 9 Months

WEIGHT

48.3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Hollie Sharp

HOSPITAL NAME

Animal Trust-
Ellesmere Port

REFERRING VET

Dr. James Portsmouth

INVOICE

12030

DATE

11/03/25

PRESENTING CLINICAL SIGNS

RTA last week been hospitalized since, weight bearing mild lameness on LH, otherwise BAR. suspected fractured left ischium and pubis. CT shows fracture does not communicate with acetabulum or possible very caudal aspect.

COMPUTED TOMOGRAPHIC STUDY OF THE PELVIS

A high-resolution plain CT study of the pelvis is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The iliac wing bilaterally is intact, unremarkable

A transverse fracture line is seen in the body of the left ischial bone – forming the caudal third of the acetabular groove. Multiple small osseous fragments are appreciated within the fracture gap. The left ischial bone is deviated medially and caudally.

A longitudinal fracture is seen in the medial aspect of the ischial tuberosity bilaterally. In the cranial ramus of the pubic bone, a transverse fracture with multiple osseous fragments is seen.

S3 is separated from S2 by a well-defined, transverse fracture, S3 is mildly deviated dorsally and caudally. A wedge-shaped osseous fragment is appreciated in the left fracture gap. An ill-defined, incomplete fissure line is extending laterally into the caudal aspect of the right ala of the sacrum.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic articular transverse fracture body left ischial bone with medial and mild caudal displacement of the caudal osseous fragment
- Acute traumatic transverse fracture of the sacrum between S2/S3 with a fissure line extending into the right ala of the sacrum
- Multiple acute traumatic fractures pelvic floor

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend discussing the chances of surgical management of the left ischial fracture versus conservative management with orthopedic surgeon.



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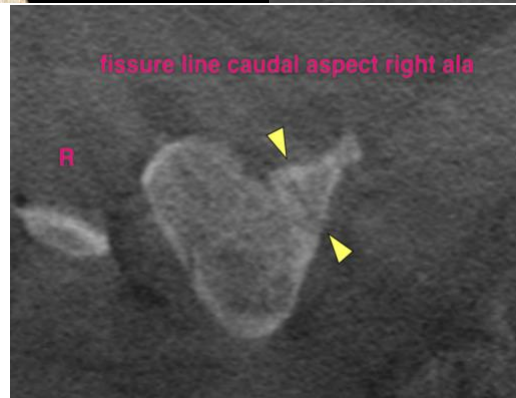
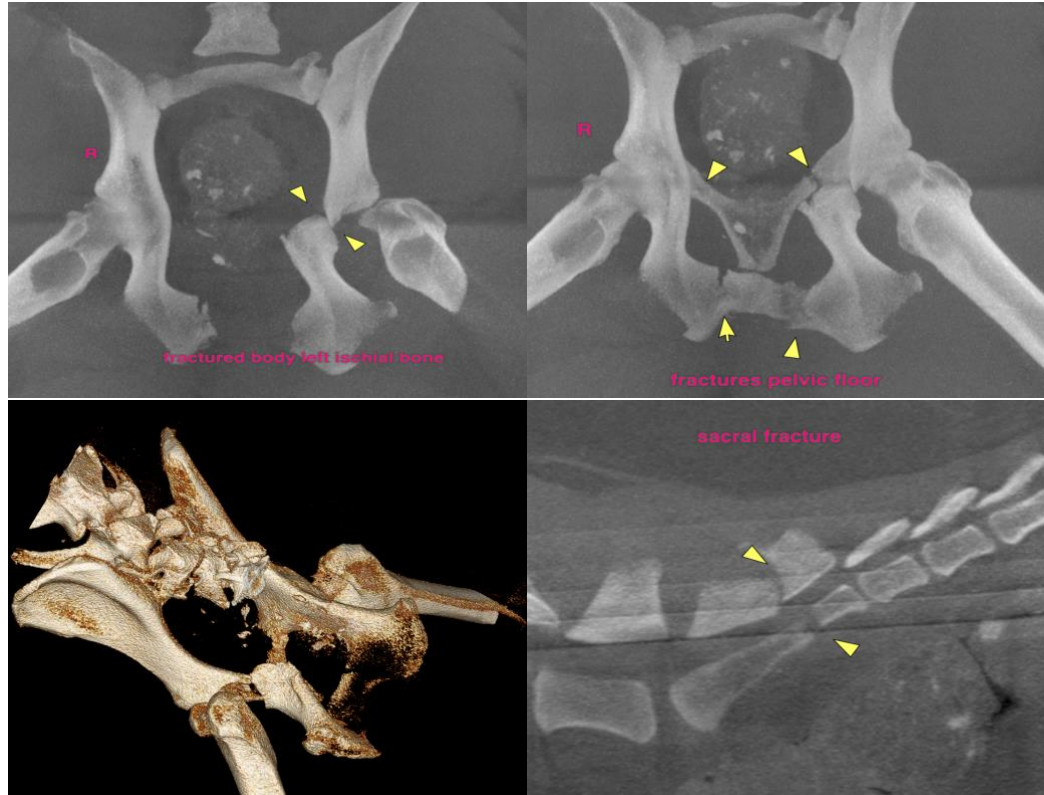
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com