

**PATIENT**

Lilly Stenkamp

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed

**AGE**

6 Years, 10 Months

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Elizabeth Animal  
Hospital

**REFERRING VET**

Leon Anderson, DVM

**PRESENTING CLINICAL SIGNS**

Few months ago she had an episodes where he was shaking really bad and they took her to the ER and they did blood work and they didnt find anything. She was doing great and then she started everything up again and seems like she is really scared like something bad happened. Last night she was on Mitches lap and then he went to set her down and she started to scream out in pain. They felt around and couldn't find what was wrong or were she was hurting.

Abnormal PE/Chem/CBC/UA Results: PE: NORMAL REDNESS OF FACE AND EYE LIDS FOR HER SEEMS SLOW AND GUARDED IN REAR END. SLOW TO RISE AND SIT- CAREFUL. NO LOSS OF PROPRIOCEPTION IN REAR NO HEAT OR TENSION OR SPASMS APPRECIATED ALONG THE SPINE. NO RECENT LABS

**RADIOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE AND PELVIS**

Radiographs of the thoracic & lumbar spine and the pelvis in two orthogonal imaging planes are provided for review.

**RADIOGRAPHIC FINDINGS**

Multifocal moderate spondylosis formation is seen along the thoracic spine. The lumbar spine presents with generalized advanced bridging spondylosis formation. All facet joints of the lumbar spine show mild to moderate osteophyte new bone formation.

The pelvis presents without abnormalities in the lateral projection, the second imaging plain is a dorsoventral view of the pelvis with marked tilting of the pelvis – does not evaluation of the coxofemoral joints.

**RADIOGRAPHIC DIAGNOSIS**

- Advanced spondylosis formation along the lumbar spine and mild to moderate spondylosis formation thoracic spine
- Serial spondylarthrosis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

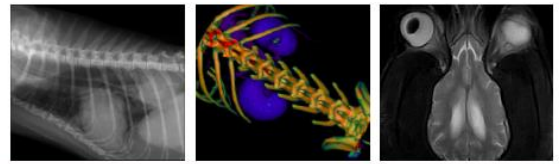
The radiographic study presents with advanced degenerative changes of the spine that might or may not be associated with discopathy. If the described clinical signs are refractory to empirical pain management and/or neurological deficits develop, cross-sectional imaging can be used as advanced imaging modality to check for compression myelopathy.

**INVOICE**

51705

**DATE**

4-23-22



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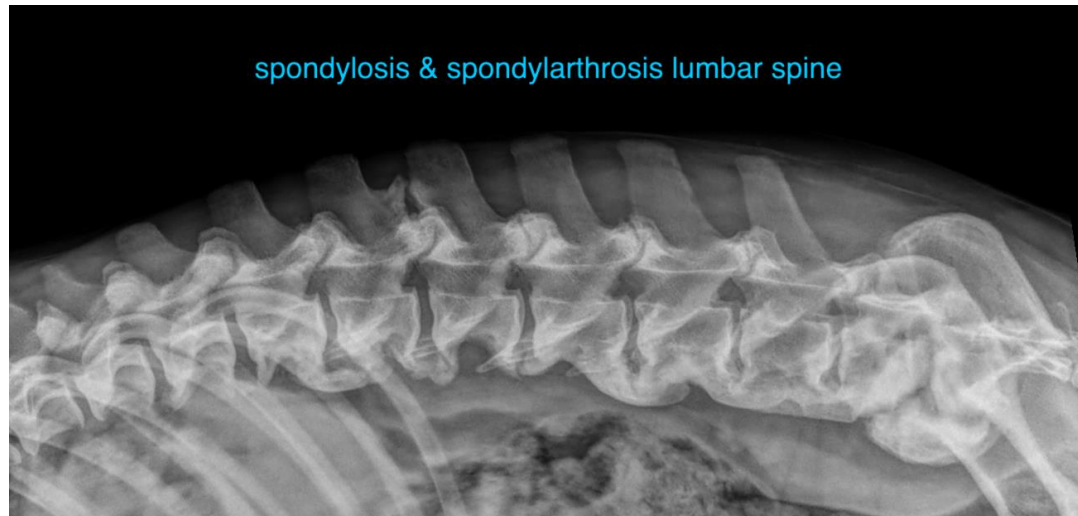
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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