



PATIENT

Penny Tann

PRESENTING CLINICAL SIGNS

P seems to be experiencing some kind of hyperesthesia. Getting worse per O. Sensitive to touch over front legs and L pelvis/side especially. On PE P consistently reactive to flexion of L shoulder and palpation along cranial aspect of shoulder as well as R stifle which has a grade 2 MPL. Unable to repeat/isolate any pain at other locations, but when O tries to touch P she does whip around and yelp on a regular basis.

SPECIES

Canine

RADIOGRAPHIC STUDY OF THE ENTIRE SPINE, SHOULDER JOINTS, PELVIS AND STIFLE JOINTS

BREED

Poodle Mix

A complete set of radiographs including of the entire spine, shoulder joints, pelvis and the stifle joints is provided for review.

RADIOGRAPHIC FINDINGS

SEX

FS

The osseous and surrounding soft tissue structures of the cervical & thoracic spine present without abnormalities.

The intervertebral disc space L4/L5 is mildly narrowed in the lateral projection.

AGE

4.5 Years

The periarticular bones of the shoulder joints are smooth, and no abnormalities of the surrounding soft tissue structures are appreciated.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both stifle joints present smooth osseous margins. The patella of the left stifle joint is superimposed on the soft tissues medial to the medial femoral condyle. The right stifle joint presents without evidence of intracapsular soft tissue swelling. The soft tissues of the left stifle joint are overexposed and evaluation for intracapsular swelling is limited.

HOSPITAL NAME

Boca Park Animal Hospital

RADIOGRAPHIC DIAGNOSIS

- Possible discopathy L4/L5
- Medial patellar luxation left stifle joint
- Normal shoulder joint
- Normal coxofemoral joint
- Normal cervical & thoracic spine

REFERRING VET

Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

52670

The narrowed intervertebral disc space L4/L5 can indicate underlying discopathy and if associated with compressive myelopathy can be a source for pain. However, the narrowing can be artefactual due to oblique projection of the respective intervertebral disc space as well.

In case of strong clinical suspicion for underlying compressive myelopathy, recommend cross-sectional imaging of the spine.

DATE

7-2-22

The clinical relevance of the left sided medial patellar luxation for the presenting clinical signs is unclear.



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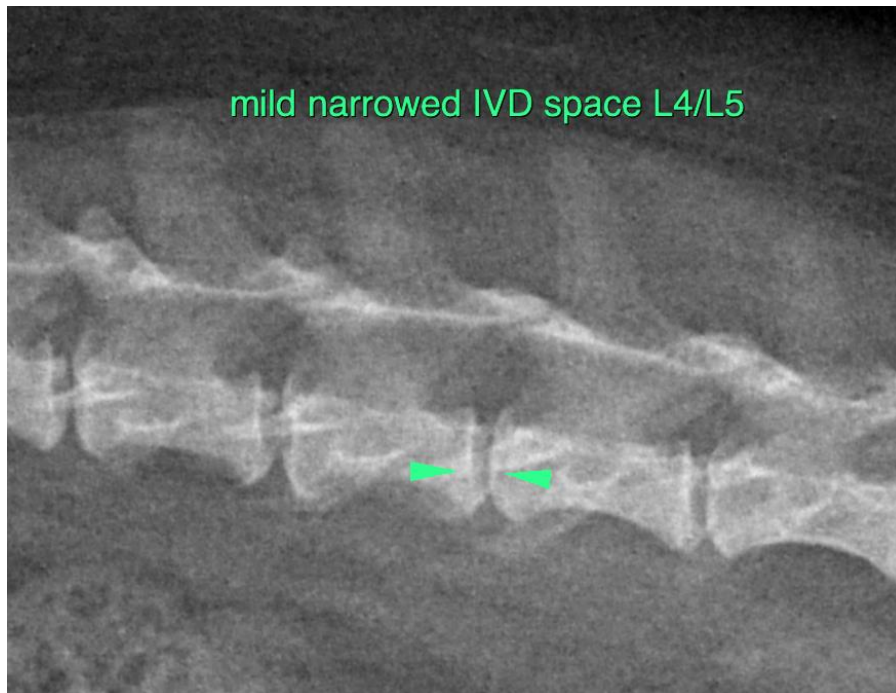
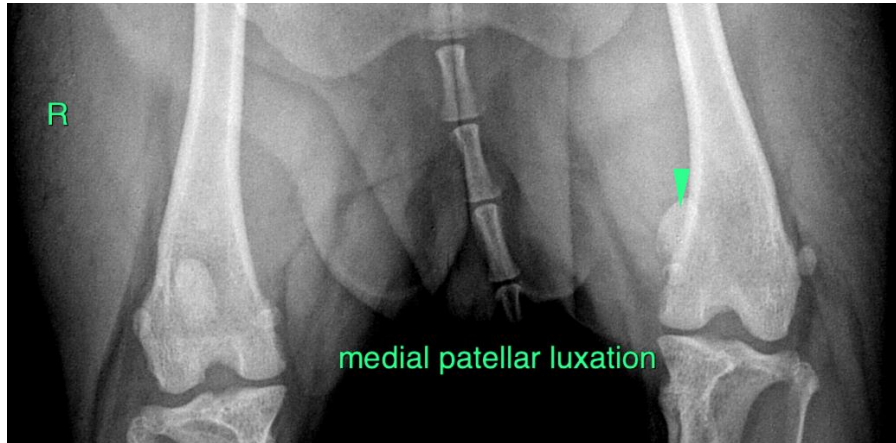
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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