


PATIENT PRESENTING CLINICAL SIGNS

Arnie McGovern

SPECIES

Canine

BREED

Great Pyreneese

SEX

Intact Male

AGE

5 Years

Initially presented on July 21st to discuss progressing stiffness/soreness. Owner had initially noticed that Arnie was acting stiff back in May and had started him on a joint supplement. For the past several weeks, owner has noticed that Arnie will randomly yelp in pain and for the past 3 days (starting July 18th) he has been very stiff/lethargic and that he has been reluctant to stand up, seems to have shifting limb lameness (sometimes seems to favor a forelimb, sometimes a hindlimb- not consistent). Neck pain noted on PE, imaging and blood work recommended for further workup, owner opted for conservative management- kennel rest, meloxicam and methocarbamol. Seen today (July 26th) for recheck- no improvement at all, possibly getting worse, Meloxicam not helping, methocarbamol seemed to make him worse (lethargic and ataxic as per owner) so they do not want to continue giving methocarbamol. Yesterday Arnie very lethargic, yelping in pain, reluctant to lay down and very stiff/sore. Owner says that he seems to have a hard time drinking (suspects that he is sore when he lowers neck). Owner has not noticed any neurological signs- no obvious proprioceptive deficits, mentation seems normal. Owner thought that Arnie's right shoulder joint area seemed painful on palpation over the past few days and owner also noticed a firm SC lump in neck area that seems to be getting bigger 3 days ago.

Abnormal PE/Chem/CBC/UA Results: Consistent neck pain for lateral and dorso/ventro flexion on both July 21 and 26th- pain seemed worse on the 26th (very dramatic pain response). Patient is normothermic, orthopedic exam WNL- no pain response on thorough ortho exam of all joints, no obvious swellings/effusions, no obvious concerns with right shoulder on PE. Neuro exam WNL- no cranial deficits noted, normal conscious proprioception x4 limbs, no ataxia, normal withdrawal and patellar reflexes. There was an approximately 1-2 cm deep movable, firm lump in dorsal neck (probably in location of c5-c6), felt like a muscle knot to me, non-painful, Comprehensive in clinic bloodwork came back normal, NSF

INTERPRETED BY

 Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

RADIOGRAPHIC STUDY OF THE CERVICAL SPINE & SHOULDER JOINTS

A complete set of radiographs of the cervical spine and the shoulder joints is provided for review.

HOSPITAL NAME

 Nagel & Co. Vet
 Services

RADIOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the cervical spine are within normal limits – the intervertebral disc spaces have an even width and nor abnormal tipping of the endplates in the flexed and extended position of the neck is appreciated.

REFERRING VET

Dr. Jordan Steedman

Both shoulder joints present smooth osseous margins and the surrounding soft tissue structures are within normal limits.

RADIOGRAPHIC DIAGNOSIS
INVOICE

44382

- Normal cervical spine
- Normal shoulder joints

DATE

7/26/23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The radiographic study of the neck reveals no macromorphological abnormalities, an underlying cause for the described clinical signs cannot be specified. If there is strong suspicion for pathology along the



PATIENT

cervical spine/brachial plexus region, cross-sectional imaging can be considered as advanced imaging modality.

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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.

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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.

SEX

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