


**PATIENT PRESENTING CLINICAL SIGNS**

Magnolia Fallon Long standing history of ivdd symptoms- fairly well controlled on meloxidyl and gabapentin. prev rads showed suspicion for ivdd t11-t12-t13. this last year pet has been progressively slowing down- reluctant to go on walks, jump, and on physical exam seems uncomfortable with spinal palpation. no CP deficits. no improvement noted post adequan series. full body xrays taken today to screen for djd/spinal disease. Lesion at T9-T10 noted. previous lateral xrays from 2/2023 and 7/2021 included to show progression.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE LUMBAR SPINE**
**BREED**

Radiographs of the lumbar spine in two orthogonal imaging planes are provided for review.

Jack Russell Terrier

**RADIOGRAPHIC FINDINGS**
**SEX**

Spayed Female

The right transverse process of L1 is abnormally elongated and bending caudally. A floating rib is seen at the left aspect of L1. The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits – no abnormal narrowing of the intervertebral disc spaces is appreciated in the VD projection.

**AGE**

11 Years

**RADIOGRAPHIC DIAGNOSIS**

- Thoracolumbar transitional vertebra L1 with left sided floating rib

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the lumbar spine presents without abnormalities, explaining the presenting clinical signs. The visible narrowing of the intervertebral disc spaces in the lateral projection is likely caused by lateral sacking of the spine as it is not appreciated in the VD view.

**INTERPRETED BY**

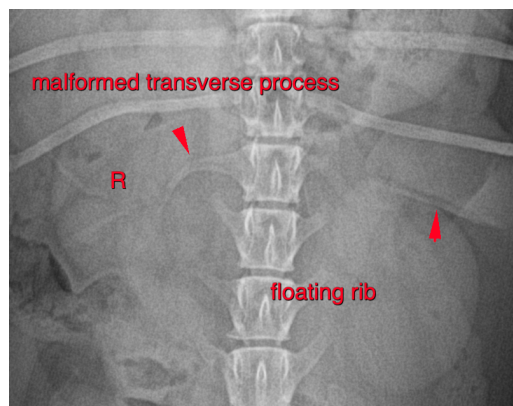
 Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

**HOSPITAL NAME**

Tenafly Vet Center

**REFERRING VET**

Dr. Marcela Salas


**INVOICE**

44577

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.

**DATE**

8/10/23

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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