



**PATIENT PRESENTING CLINICAL SIGNS**

Dante Longo History of progressive hindlimb weakness. Knuckling on both rear limbs. Absent proprioception in rear limbs with mild muscle wasting. No improvement on Rimadyl or Gabapentin. Concern for degenerative myelopathy. Spondylosis T12 - T13-L1. Multifocal pinpoint opacities in thorax - calcification vs neoplasia.

**SPECIES**

Canine

**RADIOGRAPHIC STUDY OF THE THORAX & ABDOMEN**

A complete set of radiographs of the thorax and abdomen is provided for review.

**BREED**

Boxer

**RADIOGRAPHIC FINDINGS**

Thorax

Multifocal mild spondylosis formation is seen along the thoracic spine. The costal cartilages present moderate degenerative changes.

**SEX**

Male Neutered

The extrathoracic soft tissues present homogeneous without abnormalities.

**AGE**

10 Years

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

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Harmony Animal Hospital

The lung parenchyma presents the expected architecture and opacity with multifocal randomly interspersed punctuate mineralization; the intrapulmonary vascular branching is seen up to the third order lung vessels.

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

**REFERRING VET**

Dr. Keefe

Abdomen

The vertebral endplates of the thoracolumbar junction present moderate spondylosis formation. The facet joints L1/L2, L3/L4 and L4/L5 present advanced osteophyte formation.

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No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

**DATE**

8-11-22

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and



**PATIENT**

lower urinary tract.

Dante Longo

The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

**SPECIES**

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The colon is seen in the expected position and presents with appropriate content.

**BREED**

Boxer

**RADIOGRAPHIC DIAGNOSIS**

- Spondylosis deformans thoracolumbar junction
- Spondylarthrosis L1/L2, L3/L4 & L4/L5
- Pulmonary osteomas
- Degenerative changes costal cartilages

**SEX**

Male Neutered

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The radiographic study of the thorax and abdomen presents without abnormalities, explaining the neurological clinical signs. There are multiple degenerative osseous changes appreciated along the thoracic and lumbar spine that are commonly not associated with clinical signs. Cross-sectional imaging can be considered to rule out underlying compressive myelopathy.

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**REFERRING VET**

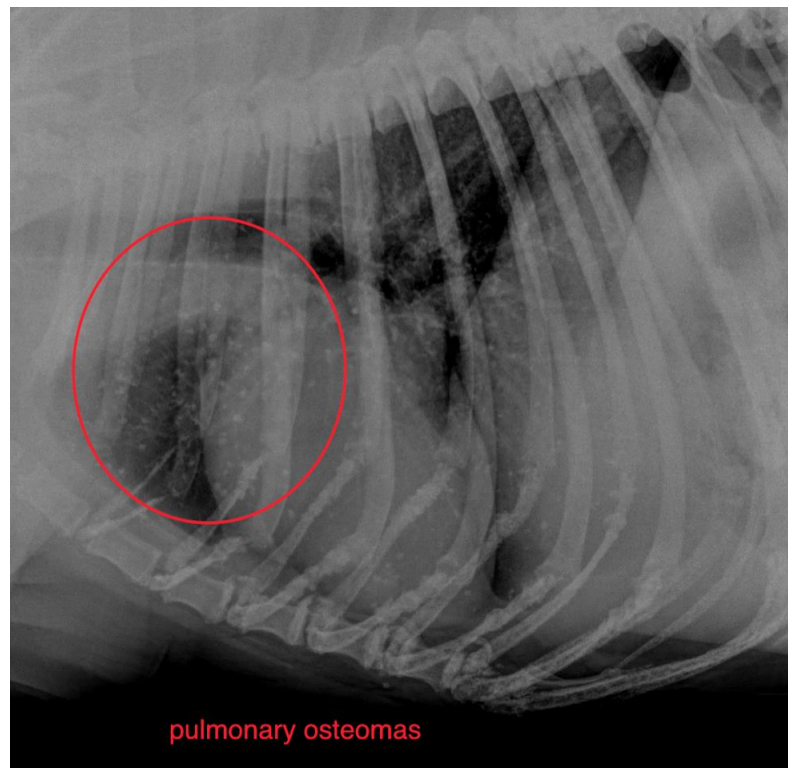
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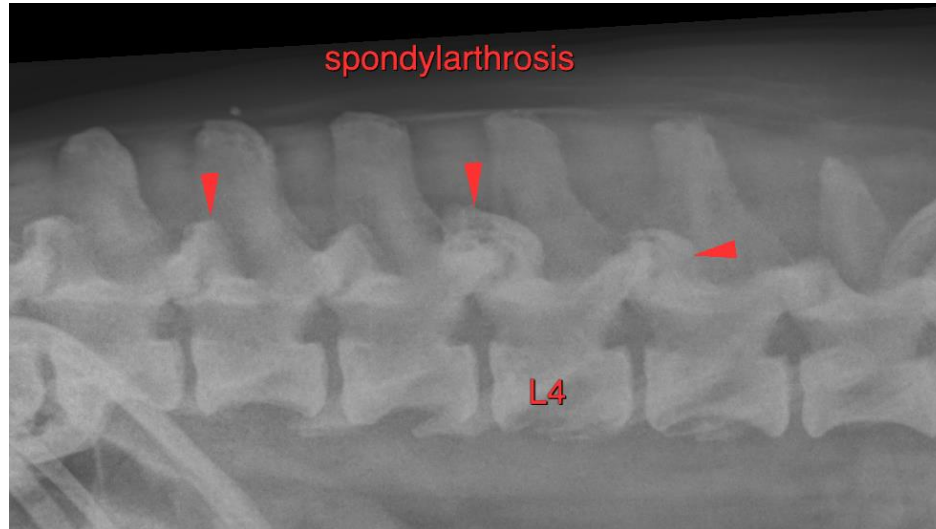
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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