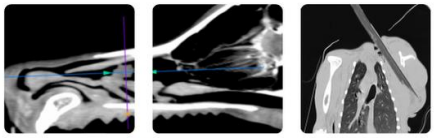


PATIENT

Zues RAAF

SPECIES

Canine

BREED

Belgian Malinois

SEX

Male

AGE

1Y, 7M

WEIGHT

36

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

J Allan

HOSPITAL NAME

Adelaide Plains Veterinary Surgery

REFERRING VET

Dr N Rasanathan

INVOICE

73584

DATE

2-2-26

PRESENTING CLINICAL SIGNS

History:

- 15/1/26
- Lameness
- "Buckles" sometimes when he walks or tries to get up. Does not happen often. As a puppy was told by another vet that his food was too high in fat which was causing these similar problems. Changed food and was better, but at that time he was severely lame, nothing like what he is now which is just wobbly. Imeant to start intensive bite training in a few days.
- Physical Exam:
- MSK - Good ROM on hips, stifles and hocks bilaterally. No pain on palpation. No obvious muscle wastage. No limp, normal gait.
- Ddx: Hip dysplasia vs Fractures/dislocation vs Congenital deformity
- 29/1/26
- Changed diet to Royal Canin Adult and has slightly improved symptoms (wobbly, temporary lameness) however sometimes CSx still persist.
- Xrays
- Hips - NAD
- L Stifle - NAD
- R Stifle - NAD
- Spine - Possible arthritis on the dorsal facet lumbar region
- Assessment: Hips and hindlimbs look normal on Xray. Given CSx and appearance of the spine, CT scan recommended for more accurate diagnosis.
- CT L Spine and Pelvis

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE & PELVIS

A pre- and post-contrast CT examination of the lumbar spine and pelvis were provided for review totaling 3 series. Transverse images were acquired using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

LUMBAR SPINE

The scan range extends from T9 caudally.

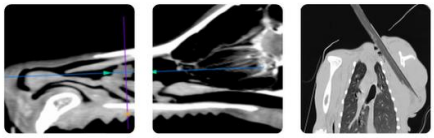
The lumbar vertebral column demonstrates a normal vertebral count (L1–L7) and normal sacral anatomy.

Vertebral alignment is within normal anatomical limits.

A discrete, incomplete bridging vertebral endplate osteophyte is present at T13–L1, considered incidental.

The remaining vertebral bodies and sacrum are normal in size, shape, and attenuation.

Intervertebral disc spaces are preserved, with no evidence of disc space narrowing or disc mineralization.



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The vertebral canal diameter and attenuation are within normal limits.

Epidural fat demonstrates normal attenuation.

The dorsal articular facet joints are within normal limits.

No aggressive osseous lesions (lytic or proliferative) are identified.

Adjacent paraspinal musculature is bilaterally symmetric, with normal volume and attenuation.

PELVIS AND HIP JOINTS

Coxofemoral joints are congruent.

The sacrum and sacroiliac joints are unremarkable.

No evidence of congenital deformities is identified.

Incidental Abdominal Finding (Partially Collimated): A small mineral-attenuating structure measuring approximately 0.8 cm is identified within the intrahepatic biliary tract, compatible with an incidental cholelith.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- An incidental, spondylosis deformans is present at T13–L1.
- Otherwise, the lumbar spine and pelvis are within normal limits.
- An incidental intrahepatic cholelith is noted

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic examination of the lumbar spine and pelvis does not reveal structural abnormalities that would explain the reported intermittent pelvic limb lameness, episodic buckling, or wobbliness. Lumbar vertebral alignment, intervertebral disc spaces, vertebral canal, articular processes, and pelvic structures are within normal limits.

The incomplete bridging osteophyte at T13–L1 is considered an incidental finding and is unlikely to be clinically relevant.

It is important to note that CT has limited sensitivity for spinal cord, nerve root, and soft tissue pathology. If clinical signs persist or progress, magnetic resonance imaging (MRI) of the spine is recommended for further evaluation of the spinal cord, nerve roots, and soft tissues. Neurologic consultation and continued clinical monitoring are also advised.

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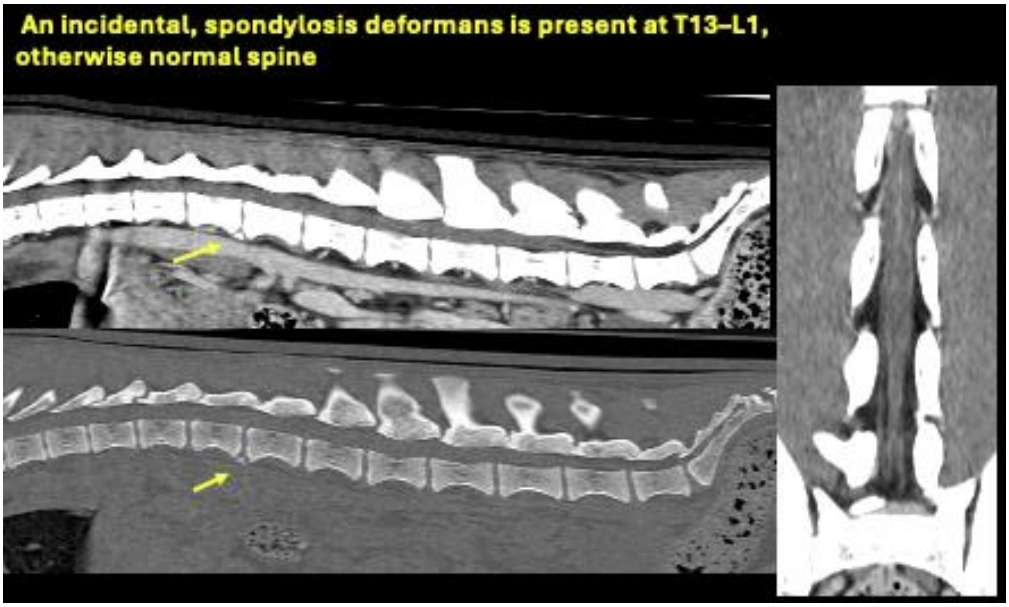

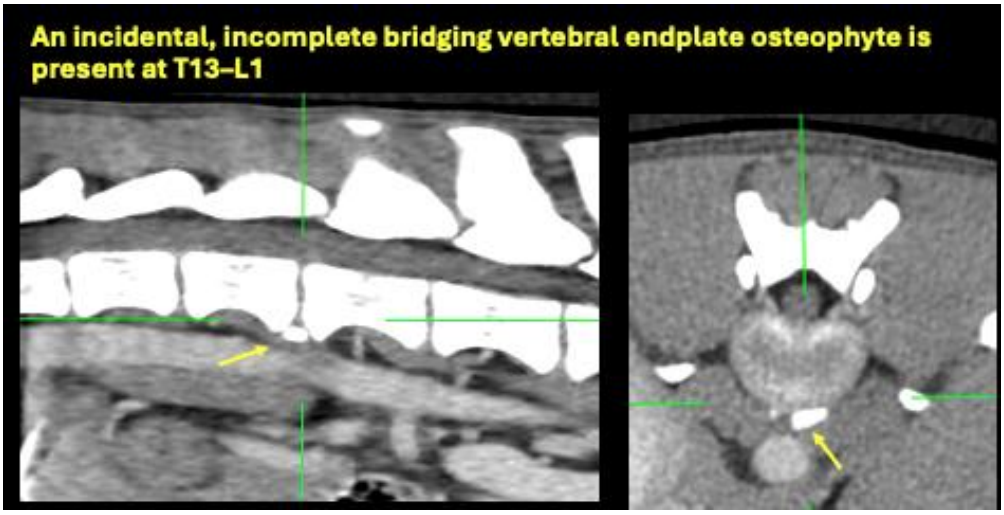

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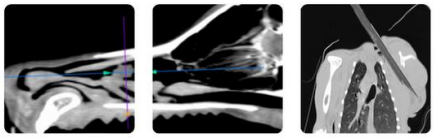

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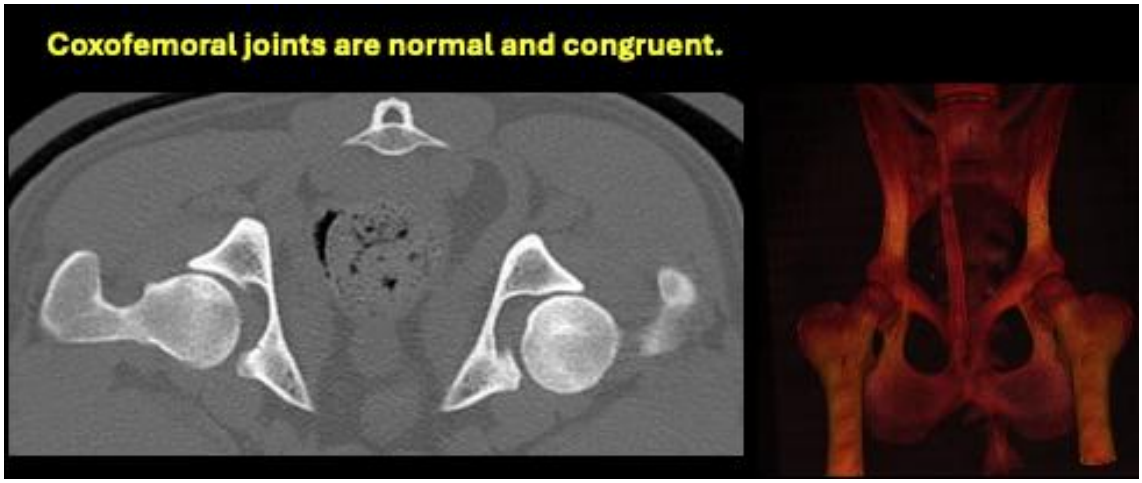

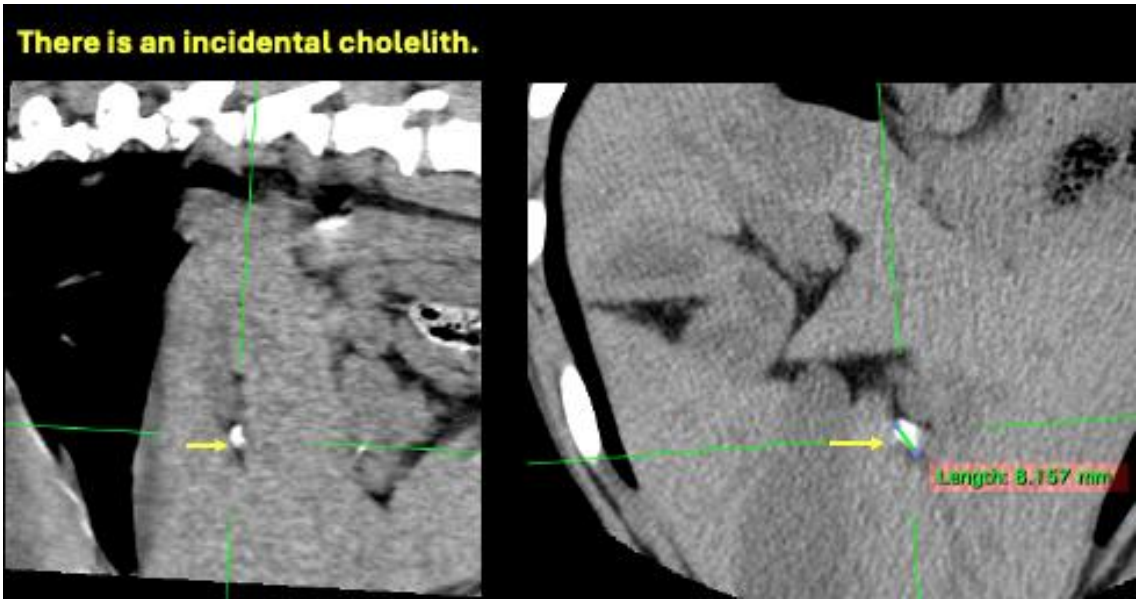

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com