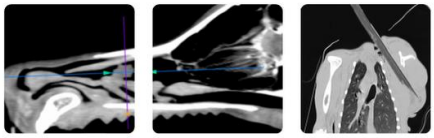



**PATIENT**

Rowdy Conrad

**SPECIES**

Canine

**BREED**

Border Collie

**SEX**

MN

**AGE**

5Y, 10M

**WEIGHT**

40.7lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Green

**HOSPITAL NAME**

Healing Spirit Animal Wellness

**REFERRING VET**

Sarah Green

**INVOICE**

74134

**DATE**

3-10-26

## PRESENTING CLINICAL SIGNS

- Rowdy is a search and rescue dog, began to exhibit right pelvic limb lameness following a search in rough terrain on 1/21/26. At the time of evaluation 1/24/26, he was reactive to extension of the right hip, palpation of the right iliopsoas muscle tendon, and the iliopsoas/ hypaxial muscles. He also had trigger points in the T12 to L3 paraspinal muscles, bilaterally.
- Rowdy showed partial improvement with medical management, rest, and extracorporeal shockwave therapy, but has intermittently exhibited pain in the right metatarsals and digits, most notably the distal phalanges of the third digit. No abnormal findings on radiographs of the tarsus, metatarsals and digits, raising suspicion of referred pain or neuropathy.

Abnormal PE/Chem/CBC/UA Results: At the time of exam yesterday, Rowdy was exhibiting evidence of bilateral iliopsoas tendinomyopathy (R>L) and pain on palpation of the mid to caudal thoracic paraspinal muscles. CBC, chemistry WNL

## COMPUTED TOMOGRAPHIC STUDY OF THE SPINE AND PELVIS

A pre- and post-contrast CT study of the entire spine and pelvis was provided for review. Three series were acquired: Two pre-contrast series using a bone algorithm and a post-contrast series using a soft tissue algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### THORACIC & LUMBAR SPINE

The vertebral column demonstrates a normal vertebral formula (C1–C7, T1–T13, L1–L7, sacrum).

Vertebral alignment is within normal anatomical limits.

The vertebral bodies are normal in size, shape, and attenuation. No aggressive osseous lesions, fractures, or proliferative bone changes are identified.

The intervertebral disc spaces are preserved with no evidence of disc space narrowing or mineralized disc material within the vertebral canal.

The vertebral canal maintains normal diameter and attenuation throughout the examined segments.

The adjacent paraspinal musculature is symmetric in volume and attenuation, with no evidence focal swelling, mineralization, or contrast-enhancing lesions identified.

### PELVIS

The pelvic bones demonstrate normal morphology, alignment, and attenuation.

The coxofemoral joints are congruent and within normal limits

The sacroiliac joints are congruent and within normal limits.

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The surrounding pelvic musculature appears symmetric with preserved muscle volume and normal attenuation.

No soft tissue mass effect or abnormal contrast enhancement is identified within the pelvic region.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- No tomographic abnormalities identified in the thoracic or lumbar spine and pelvis.

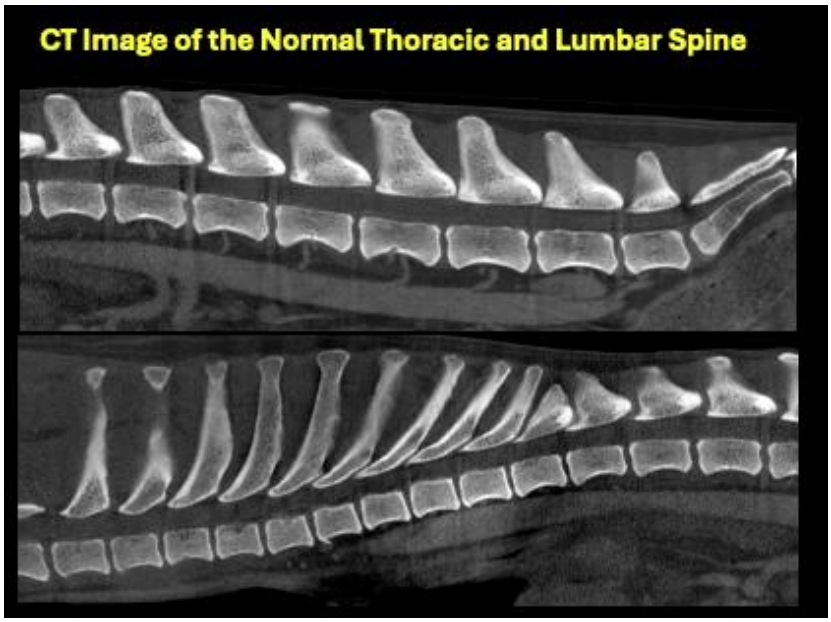
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomography examination of the thoracic and lumbar spine and pelvis does not reveal structural abnormalities that could directly explain the patient's clinical signs of right pelvic limb lameness or suspected referred distal limb pain.

Specifically, there is no evidence of compressive spinal disease, vertebral fracture, aggressive osseous lesion, or paraspinal muscular abnormality that could account for neuropathic or radicular pain affecting the pelvic limb.

Given the clinical history of iliopsoas tendinomyopathy and paraspinal muscle pain, the patient's signs may be related to soft tissue injury or functional musculoskeletal disease that may not produce detectable changes on CT.

If neurological deficits persist or worsen, further evaluation with MRI of the spine may be considered, as MRI provides greater sensitivity for detecting spinal cord, nerve root, and soft tissue abnormalities not visible on CT.



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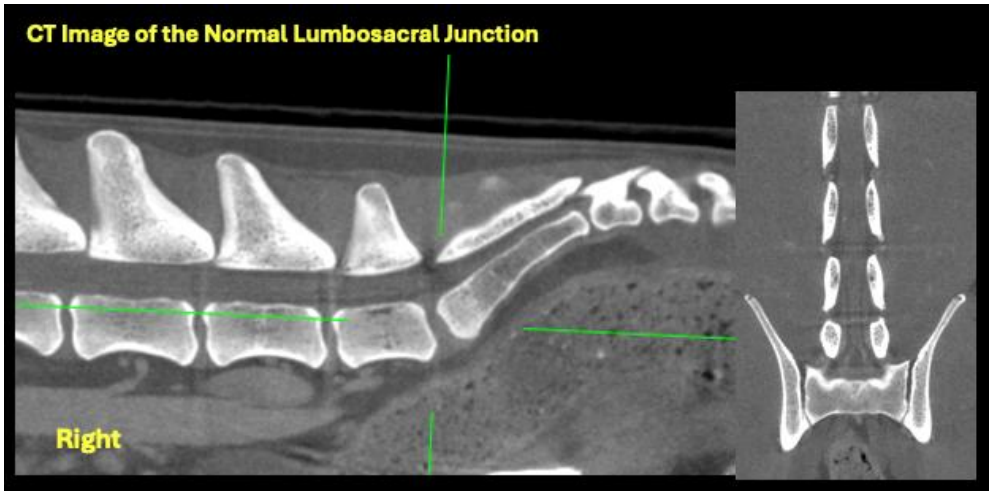


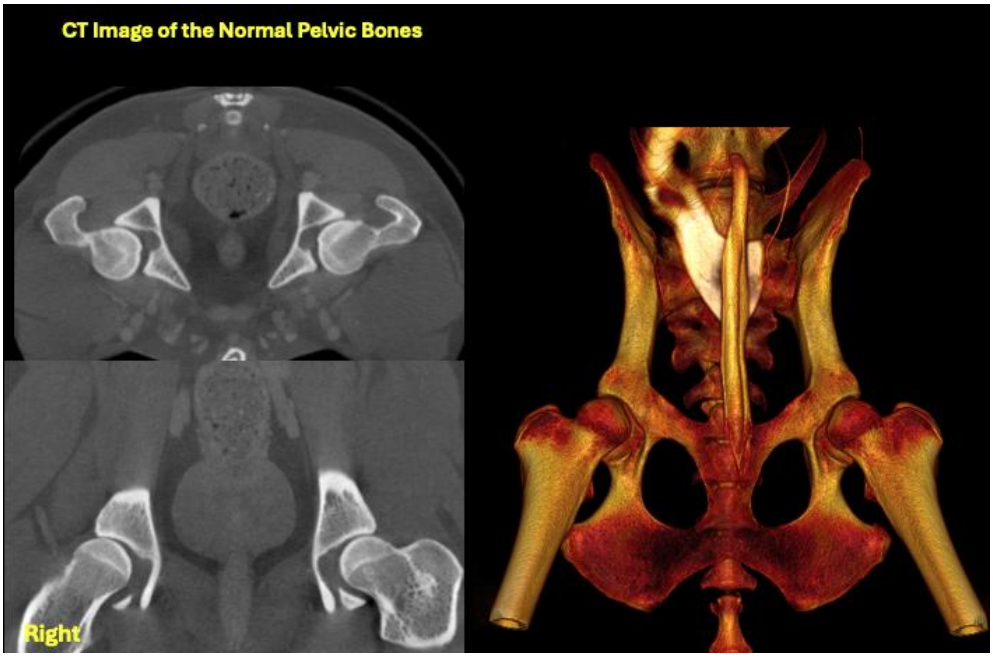

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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