VETERINARY SPECIALIST ADVICE

Date: June 10th 2025 **Referring veterinarian:** Sinead Short

Referring Practice: Ocean City Vets

Carer's name: Laurence		**Pet's name:** Harris	
Species: Canine			
Breed: Labrador X	**Age:** 7y	**Sex:** Male neutered	

Type of consultation: Radiology. Lumbar spine and pelvis. Harris has a limp tail and hindlimb ataxia, onset a few weeks, getting worse. He has toileted in the house a couple of times which is unlike him. I am concerned re IVDD or similar. I cannot see evidence for this but I understand it can be difficult to identify. Evidence in order to make a case for MRI would be beneficial, or if very unlikely then I can consult a medicine specialist on further medicine testing. Thank you.

SUMMARY OF FINDINGS

* Four lateral projections of the lumbar spine and three ventrodorsal projections of the pelvis are available to review. The spinal radiographs are slightly underexposed showing a certain degree of obliquity.

Lumbar spine

- There is new bone formation to the left ventral aspect of the lumbosacral (L7-S1) intervertebral joint. An enthesiophytic, triangular-shape bony fragment is present.
- There is partial mineralization to the L6-L7 intervertebral disc space, with a small amount of material noted to the ventral aspect of the vertebral canal.
- The mineral opacity to the vertebrae and rest of intervertebral spaces of the study do not show abnormalities.

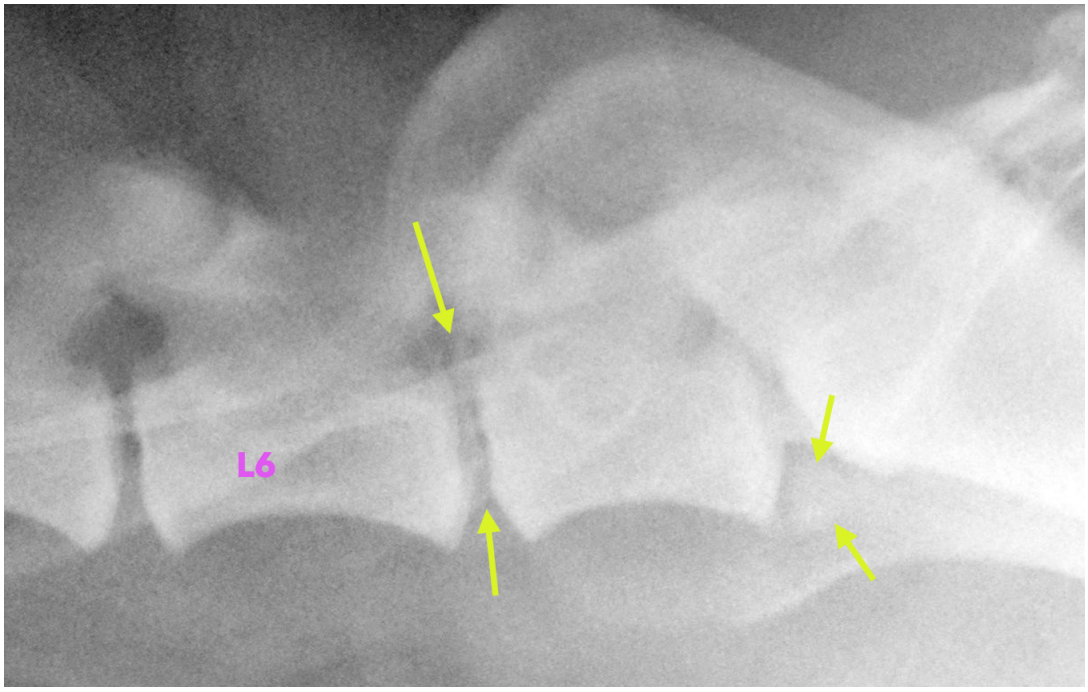
Pelvis

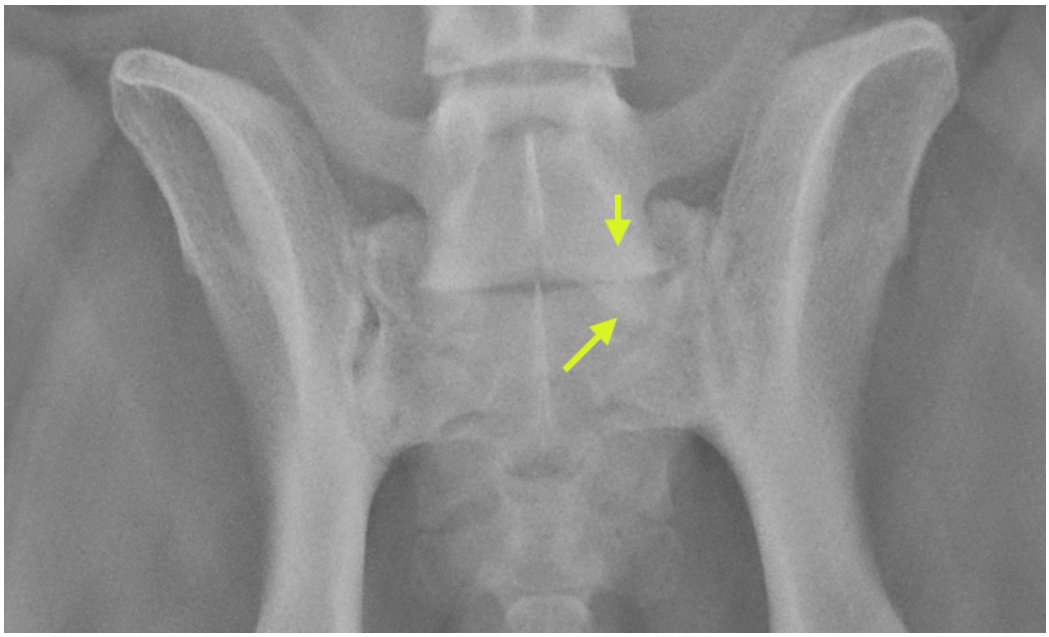
- Both acetabula have a smooth and concave articular surface which is congruent with the rounded femoral heads. No periarticular osteophytes or ligamentous and/or tendon enthesiophytes are observed. Intra-articular mineralization is not present.
- The soft tissues adjacent to the coxofemoral joints are symmetrical in volume, without morphological abnormalities or attenuation defects.
- Both sacroiliac joints are also within normal anatomical parameters.

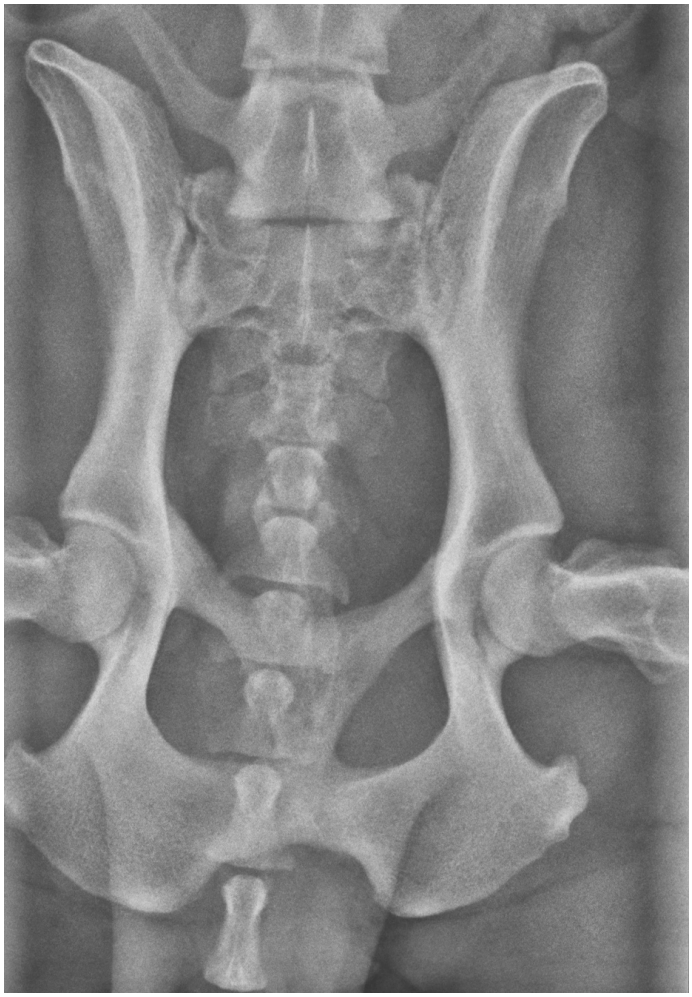
CONCLUSIONS

1. Suspected disc extrusions to L6-L7 and L7-S1 resulting in compression/impingement to *cauda equina* and/or adjacent nerve roots. An MRI of the lumbosacral spine is warranted to confirm this presumptive diagnosis.
2. Normal radiographic study of the pelvis.

REPRESENTATIVE IMAGES







Radiologist



Fernando Liste, DVM, MSc, PhD, MRCVS

Disclaimer:

This report relies exclusively on the information provided by the referring practice. If any details have been omitted or are inaccurate, the conclusions and recommendations in this report may be affected.