

RADIOGRAPHIC REPORT

REFERRING CENTER

Referring hospital: [REDACTED]
Referring vet:
E-mail:
Tel:

PATIENT INFORMATION

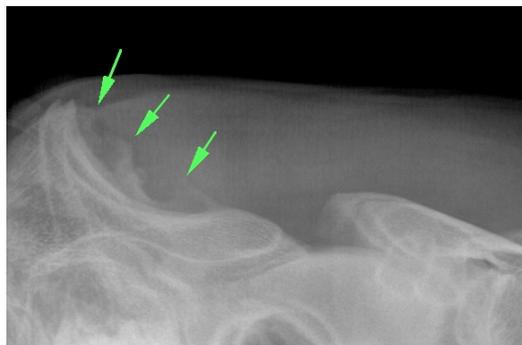
owner: [REDACTED] Patient: [REDACTED]
Species: Equine breed: X Sex: Age:
History: Recently purchased and since then the horse has shown neck stiffness and reduced flexion. Marked cervical muscle atrophy and mild abnormal gait are also identified.
Region: cervical spine

INFORME RADIOLÓGICO

Technical comments: Radiographic examination of the cervical spine, including left lateral and oblique projections.

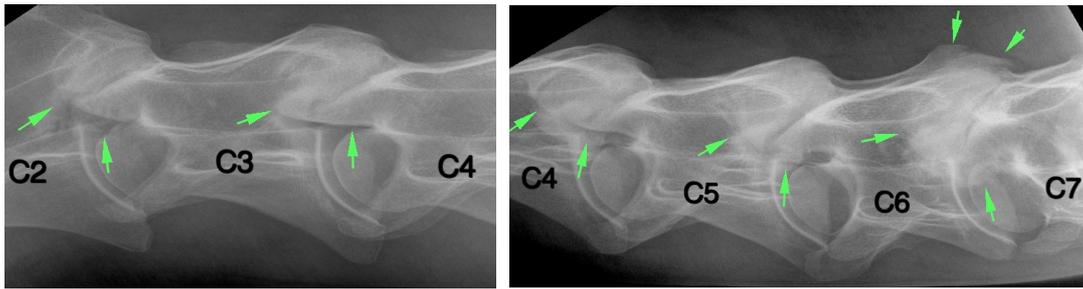
Description:

There is mild, irregular, smoothly outlined remodelling and new bone formation along the nuchal protuberance that corresponds with the region of attachment of the nuchal ligament.



There is generalised enlargement and remodelling of the articular processes of the cervical vertebrae. This is moderate between C2 and C5, whereas between C5 and T2 this is marked, especially at C6-C7 and C7-T1. The intervertebral foramina are markedly narrowed. This is more pronounced between C5 and T1, where the ventral border of the articular processes overlaps the caudodorsal portion of the cranial vertebral body. The contour of the periarticular

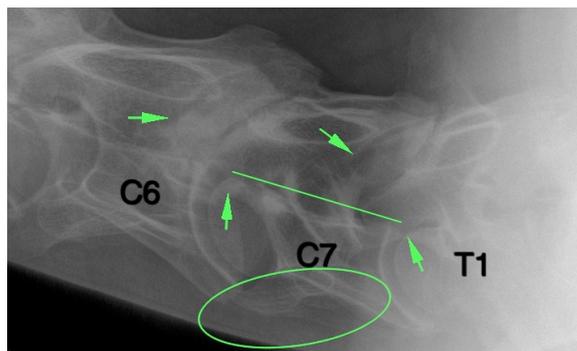
margins of the articular processes at C6-C7 are irregular and poorly margined, and the joint space is subjectively narrowed.



There is a poorly defined, oval shaped (9 mm diameter) radiolucency at the level of the mid portion of the pedicle of C6, just cranial to the C6-C7 articular processes.

There is mild step formation between the vertebral bodies of C4 and C5, with the cranial vertebral head of C5 being slightly ventrally located in comparison to the caudal aspect of the vertebral body of C4.

The dorsal border of the vertebral body of C7 has a concave shape, with dorsal extension of the caudal physis. The cranial aspect of the vertebral canal of this vertebra has a funnel shape. The intervertebral ratio of C7 is 50%.



There is bilateral transposition of the ventral lamina of the transverse processes of C6 to C7.

Conclusions:

1. Generalised moderate to marked arthropathy and hypertrophy of the cervical articular process joints, with C6-C7 and C7-T1 being more severely affected.
2. Abnormal shape of vertebral body of C7 with epiphyseal flare and funnel shape vertebral canal.
3. Mild step formation at C4-C5.
4. Transposition of the ventral lamina from C6 to C7.
5. Nuchal enthesopathy. Likely incidental.

Comments:

Findings in the cervical spine in this horse are marked and mainly involve the articular process joints. These are more pronounced at the caudal cervical spine, especially at C6-C7 and C7-T1. The radiolucency at the pedicle of C6 may represent a focal area of bone atrophy due to synovitis of the C6-C7 articular process joint, however composite shadow due to superimposition cannot be excluded.

Although the intravertebral ratio of C7 is within normal limits, it is not possible to exclude the possibility of narrowing of the vertebral canal at this level. Especially due to the presence of such degree of articular process enlargement. A myelogram would be recommended in case further investigation is required.

The multiple cervical changes together may represent a cervical vertebral malformation.

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