

## Hades Jackson (CA252A70)

Visit Report: Tuesday, May 27, 2025

VISIT	PATIENT	ACCOUNT
Reason: Consult - Pain When Jumping	Hades Jackson (ID CA252A70)	Andy Jackson (ID 25274E)
Veterinarian: Sara Schillinger, DVM, DACVS-SA	2.5 YO M GSD (DOB: Nov 12, 2022)	2939 Walkers Creek Rd, Middlebrook, VA 24459, USA
Check In: 05/27/25, 11A	Male	(703) 217-8653
Check Out: 05/27/25, 12P	Canine German Shepherd Dog	<a href="mailto:ajaxn47@gmail.com">ajaxn47@gmail.com</a>
Referring Practice: Blue Ridge Animal Clinic Lexington (540) 463-7799	Weight: 42.5kg	
	Microchip #: None	

**SX Initial Consult- Ortho**, Completed: 05/27/25, 2P

Veterinarian: Sara Schillinger, DVM, DACVS-SA

### CASE SUMMARY

Presenting Complaint	Consult - suspected sacral osteochondrosis.
Diagnosis	

### HISTORY

Current Medications	Bravecto
Known Allergies	None known.
History	<p>Hades Jackson (2.5Y Male German Shepherd) presents to the surgery department for a consultation of suspected sacral osteochondrosis. His owner reports that he initially noted pain on 03/24/25 when Hades cried out when jumping into owner's vehicle. He presented to his primary veterinarian on 03/25/25 where he was nonpainful on palpation and no lameness was appreciated, however delayed conscious proprioception was noted on the right hindlimb. Sedated radiographs were performed on sent to VT for interpretation. Radiologist interpretation was consistent with a concave lucent defect with mineral opaque dorsal focus is consistent with sacral osteochondrosis at the lumbosacral joint with dorsal deviation of the bony fragment. He was advised a surgical consultation. The owner reports today that there have been no changes since this visit. Hades has only every shown pain while jumping into the vehicle. His owner reports that he is currently being trained to be a personal protection dog and he is unsure if he will breed him. He is not currently exercise restricted. He will occasionally hold up his left hindlimb after he attempts to jump. He has not had any symptoms of pain upon going up/down stairs or getting onto the couch. He is currently receiving Bravecto and is otherwise eating, drinking, urinating and defecating normally, with no incontinence. Owner notes that he has greatly increased water intake, which has been noticed since November when he was shipped from Washington state. Owner notes that there is a bump between his eyes that is moveable but has not been addressed at his primary veterinarian.</p> <p>He had a history of 4DX (01/15/25 = NEGATIVE X4), Chemistry 11/20/24: WNL, Hematology 11/20/24: Monocytes elevated at (1.27), MPV (14.6). Inappetence following eating parts of toy 11/20/24, shipped from Germany 10/22/24.</p>
Other Past Pertinent History	He had a history of 4DX (01/15/25 = NEGATIVE X4), Chemistry 11/20/24: WNL, Hematology 11/20/24: Monocytes elevated at (1.27), MPV (14.6). Inappetence

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following eating parts of toy 11/20/24, shipped from Germany 10/22/24

**PHYSICAL EXAMINATION**

<b>Subjective:</b>	Weight   42.5kg (05/27/25, 11:57A) Temperature   101.4°F (05/27/25, 12:06P) Pulse/Heart Rate   100bpm (05/27/25, 12:06P) Pulse Quality   N (05/27/25, 12:06P) Respiratory Rate   60bpm (05/27/25, 12:06P) Respiratory Effort   Pant (05/27/25, 12:06P) Mucous Membranes   Pk (05/27/25, 12:06P) Capillary Refill Time (CRT)   <2s (05/27/25, 12:06P) Comfort / Pain Check (Pain Score)   0 (05/27/25, 12:06P) Note Mentation/Attitude   BAR (05/27/25, 12:06P)
<b>Objective:</b>	BAR CV/ Resp: No murmurs or arrhythmias, femoral pulses s/s, mm pink, CRT<2s; Lungs clear, eupneic EENT: Eyes and ears clear and free of discharge; Oral exam WNL Integ: WNL Abd: Soft, non-painful U/G: Two testicles s/s in scrotum Rectal: Normal anal tone; Stool dark brown in color; Unable to palpate prostate M/S: Ambulatory x 4 with no apparent lameness; Mild pain on palpation of lumbosacral region and flexion of tail; No other orthopedic abnormalities noted Neuro: Slightly delayed proprioception right hindlimb; Normal peripheral nerve reflexes x 4; Cranial nerves/mentation WNL PLN: WNL

**DIAGNOSTICS**

<b>Radiographs</b>	Referral radiographs reveal concave lucent defect with mineral opaque dorsal focus consistent with sacral osteochondrosis at the lumbosacral joint with dorsal deviation of the bony fragment. Stifles and coxofemoral joints are unremarkable.
<b>Bloodwork</b>	
<b>Urinalysis</b>	
<b>Other</b>	
<b>Assessment</b>	Suspected sacral osteochondrosis dessicans with suspected resultant cauda equina syndrome Mild delayed proprioception right hindlimb - suspect nerve remove compression/inflammation secondary to sacral OCD vs. compensatory from off-loading of weight from LHL
<b>Treatments Performed</b>	
<b>Plan and Comments</b>	Discussed sacral OCD lesion with owner. This is a rare condition but is reported

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	<p>mostly commonly in German Shepherds. The lesion can lead to pain from compression of the spinal nerve roots in this region or neuropathies including hindlimb neuropathy, incontinence, etc. Discussed that advanced imaging of the region with CT or MRI is indicated to further evaluate the lesion and rule out other spinal or spinal cord abnormalities. Surgery typically involves a dorsal laminectomy and excision of the fragment +/- foraminotomy. In one study, 24/28 dogs evaluated following surgery had a good outcome. If surgery is not elected, then I would advise decreasing jumping into the car or onto or off of other high structures and continued medical management as needed. A steroid injection could also be considered but would likely only provide temporary relief. Owner is reluctant to pursue surgery at this time due to minimal clinical signs noted and difficulty in managing Hades post-operatively due to his current activity level. He will likely seeks a neurology referral for MRI and surgery if needed in the future. Advised owner to recheck as needed if increased pain or any other neurologic signs develop. Also discussed that I would not advise breeding Hades as this condition is likely genetic.</p>
<b>Medication Instructions</b>	
<b>Thank You</b>	<p>Thank you for allowing us to be a part of your pet's care. If you have any questions or concerns, please call us at any time.</p>