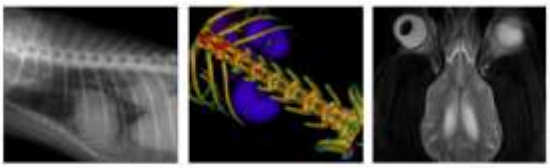
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Yoshi Chippys Angels Rescue

SPECIES

Canine

BREED

Dachshund

SEX

MN

AGE

2 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Rescue

INVOICE

49262

DATE

1-3-22

PRESENTING CLINICAL SIGNS

HAVING TROUBLE DEFICATING. THE NEXT DAY WAS NON ABULATORY.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE

Myelogram with lumbar puncture available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Mild epidural leakage is noted in the caudal lumbar spine.

Gas bubble artifact is seen further cranial in the ventral and dorsal epidural space.

The number of the lumbar and thoracic vertebrae is within normal limits.

Multifocal chondroid disc degeneration is noted as indicated per mineralization of the intervertebral discs throughout the thoracolumbar spine.

The T13/L1 disc presents extensive mineralization; however, the T13/L1 intervertebral disc space is mildly reduced in width and a mild amount of hypoattenuating disc material appears to be extruded into the ventral and right epidural space. Mild dorsal and leftward deviation of the ventral contrast space is seen. Approximately 25% of the vertebral canal's cross sectional area appear to be occupied by the extruded material.

There appears to be mild circumferential deviation of the contrast space level with T11 and T12 indicating regional swelling of the spinal cord.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mildly compressive intervertebral disc extrusion T13/L1.
- Potential for spinal cord swelling T11/12.
- Multifocal chondroid disc degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings of the CT myelogram suggest presence of a mildly compressive intervertebral disc extrusion at the thoracolumbar junction which appears to correlate well with the patient's clinical signs. There is potential for spinal cord swelling in the caudal thoracic spine level with T11 and T12. This may represent an artifact due to incomplete distribution of the contrast in the subarachnoid space. However, spinal cord edema or other intramedullary pathology cannot be ruled out entirely. No additional site of compressive myelopathy is noted in this area and overall it is considered likely that the clinical signs can be attributed to the T13/L1 extrusion.

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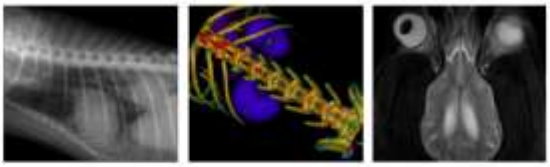

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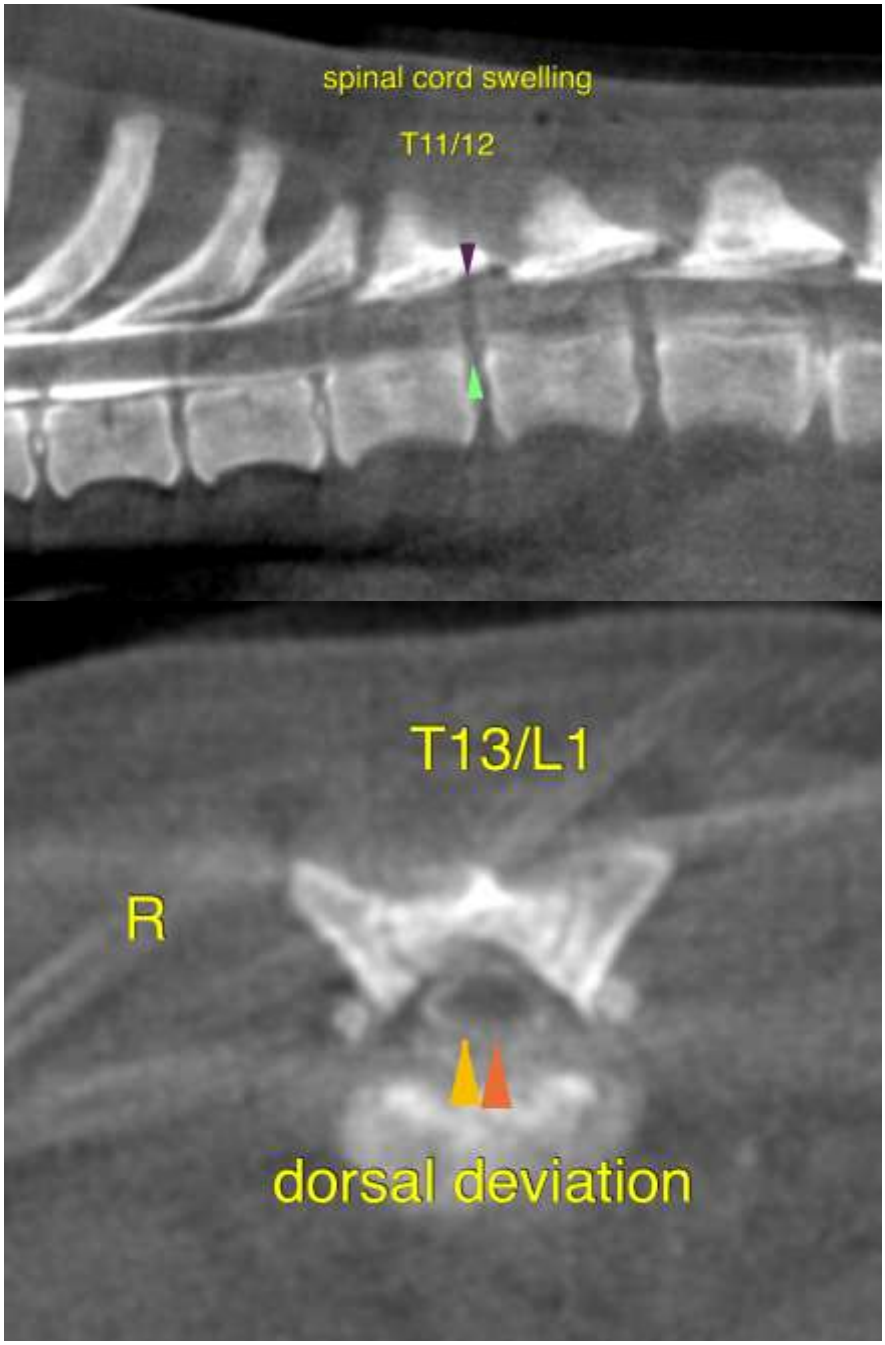

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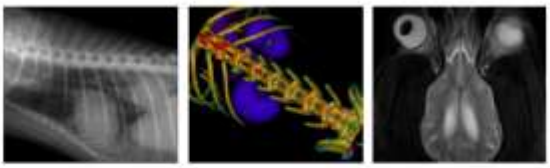

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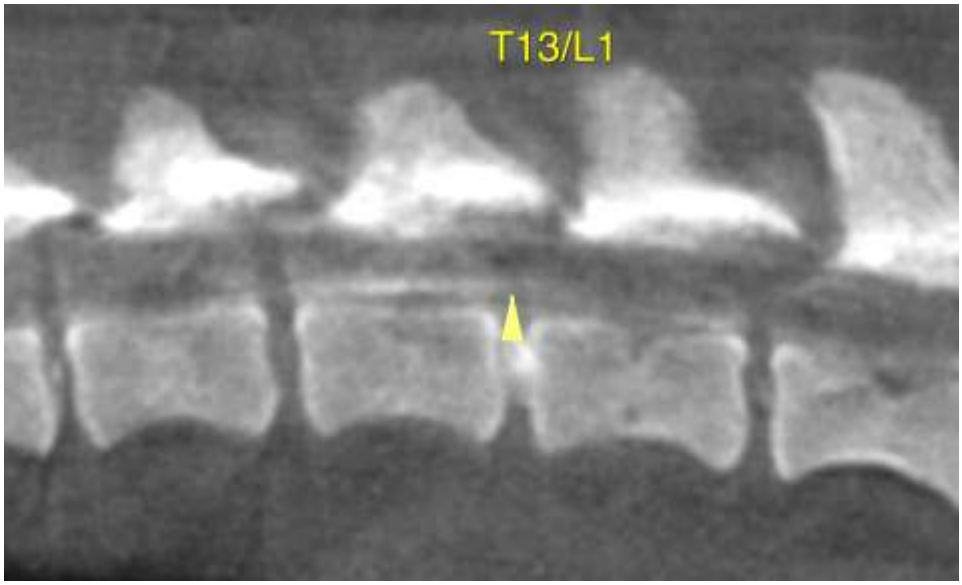

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Nele Eley, DVM, Dr. med. vet., DipECVDI
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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