



**PATIENT**

Diesel Defenbaugh

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Male (not neutered)

**AGE**

13 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Sheshardi

**INVOICE**

55298

**DATE**

11-19-22

**PRESENTING CLINICAL SIGNS**

Diesel was transferred for ongoing diagnostic management. He currently has a diagnosis of laryngeal paralysis - undergoing management of aspiration with doxycycline. He has a myelopathy with a weak motor R rear and an absent motor L rear. His left rear patellar reflex is absent. His R rear patellar reflex is normal. He has anal tone, and no overt back pain. He underwent an uneventful CT scan - radiology report pending He also had an epidural of methylprednisolone acetate, and there is currently a prostatic FNA pending at CSU. He is being discharged on empirical medications and with recommendations for sling walks, pending results after which additional therapy / management recommendations can be made  
Abnormal PE/Chem/CBC/UA Results: Labs were normal

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE**

Plain and post contrast studies available for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

Severe intervertebral disc protrusion is noted at the lumbosacral junction. The protruded disc material cannot be delineated clearly from the cauda equina which is displaced dorsally. The protruded disc material extends into the entrance zones of both lumbosacral neuroforamina. The lumbosacral intervertebral disc space is moderately collapsed. The vertebral end plates present multiple defects and deep vertebral body sclerosis is noted as well as moderate spondylosis deformans and a mild lumbosacral step formation.

The medial iliac lymph nodes are mildly enlarged.

Mild L2/3 spondylosis deformans is seen.

A multifocal mixed alveolar interstitial lung pattern is noted.

The spleen appears to be moderately enlarged.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect chronic lumbosacral discospondylitis with severe intervertebral disc protrusion and severe lumbosacral as well as moderate bilateral neuroforaminal stenosis.
- Mild bilateral medial iliac lymphadenomegaly compatible with reactive lymphadenitis.
- Splenomegaly.
- Mixed lung pattern.
- Mild L2/3 spondylosis deformans.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals severe lumbosacral intervertebral disc protrusion with compression of the cauda equina. There also is moderate bilateral neuroforaminal stenosis accentuated in the entrance zone of both neuroforamina. The CT findings furthermore suggest potential for chronic discospondylitis at the lumbosacral junction. Hematogenous infection is considered likely. The lung or other anatomic sites including the urinary tract should be considered as potential sources of the presumed infection and full abdominal ultrasound as well as full urinalysis should be considered.



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The lymph node changes in the hypogastrium are compatible with reactive lymphadenitis.

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The splenomegaly may be due to hypotension under general anesthesia. Idiopathic hypersplenism, extramedullary hematopoiesis, splenitis, and diffuse infiltrative disease are potential differential diagnoses.

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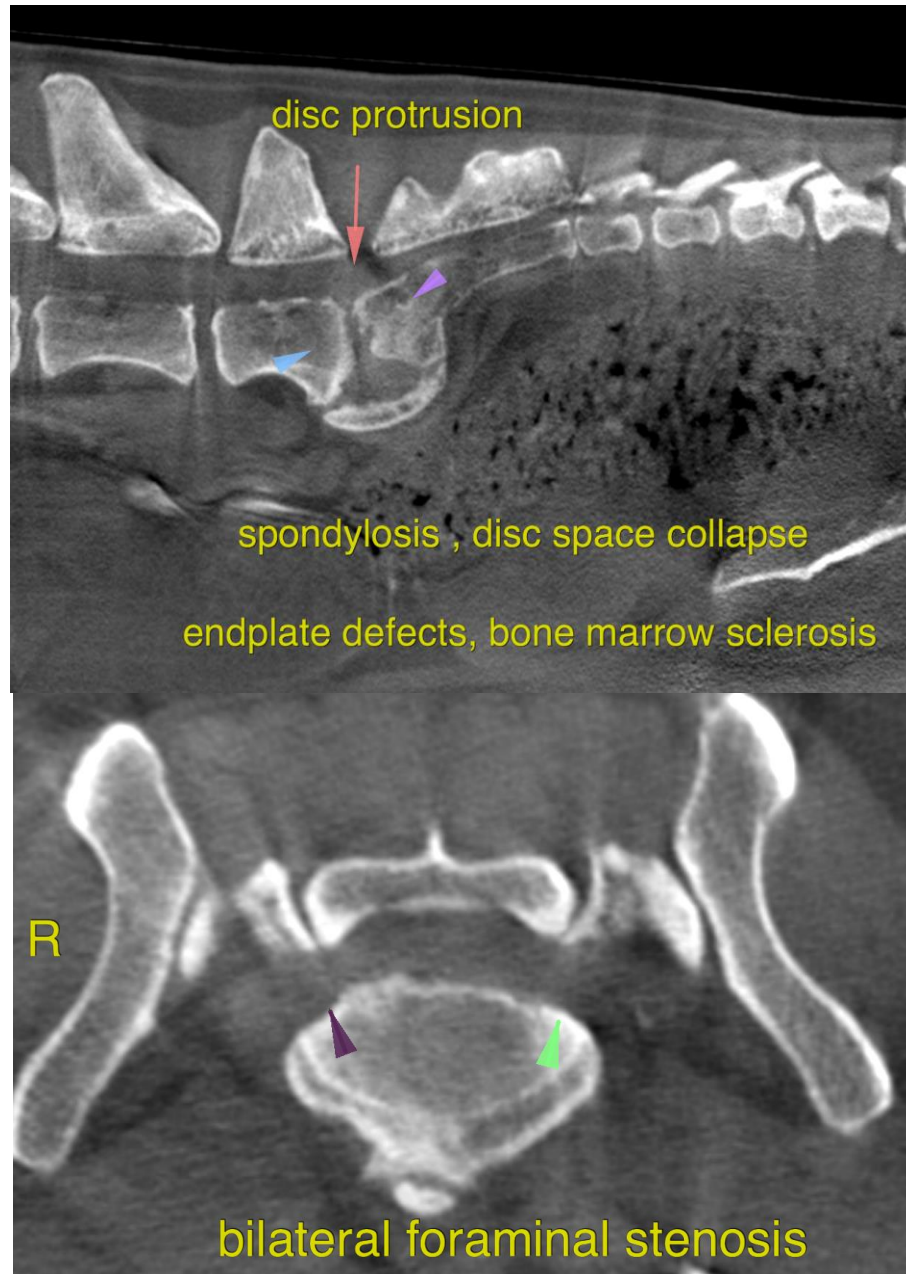
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

**BREED**

Labrador Retriever

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
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