



## PATIENT

Adonis Decker

## SPECIES

Canine

## BREED

Dachshund

## SEX

Male

## AGE

1Y

## WEIGHT

13.7lbs

## INTERPRETED BY

Nele Eley (Ondreka),  
DVM Dr. med. vet.,  
DipECVDI

## IMAGING PERFORMED BY

Jose Lopez

## HOSPITAL NAME

Westchester Animal  
Hospital

## REFERRING VET

Randy Dominguez

## INVOICE

72738

## DATE

11-24-25

## PRESENTING CLINICAL SIGNS

Presented with an ambulatory paraplegia. Proprioception deficit bilaterally P.L. Nociception diminished bilaterally. Patellar and withdrawal reflex normal.

## COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

Plain study and myelogram with lumbar puncture and mild epidural leakage available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

Forward flow of contrast media in the intrathecal space appears to be maintained. Vertebral alignment and canal diameter are normal.

Multiple intervertebral discs present focal mineralizations.

At T12/13 there is mild intervertebral disc space narrowing and mild isoattenuating material occupying the ventral epidural space causing partial obliteration but no dorsal deviation or compression of the spinal cord on the myelographic study. No additional compressive disc herniations or stenosis is identified.

There is no evidence of abnormal widening of the intrathecal space.

No evidence of traumatic osseous injury is seen.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild ventral epidural material at T12/13 without significant spinal cord compression.
- Multiple chondroid disc degeneration.
- No other compressive spinal lesions detected on plain or myelographic CT.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals mild ventral epidural material at T12/13 without significant spinal cord compression. The changes may represent noncompressive nucleus pulposus extrusion or less likely a small volume hydrated disc extrusion. Given the neurologic deficits, the clinical signs are likely due to spinal cord contusive injury rather than ongoing compression which aligns with acute noncompressive nucleus pulposus extrusion pathology. Medical management appears to be appropriate at this point. Monitor for neurologic improvement over 48-72 hours. If deterioration occurs, consider MRI for further evaluation of intramedullary injury.



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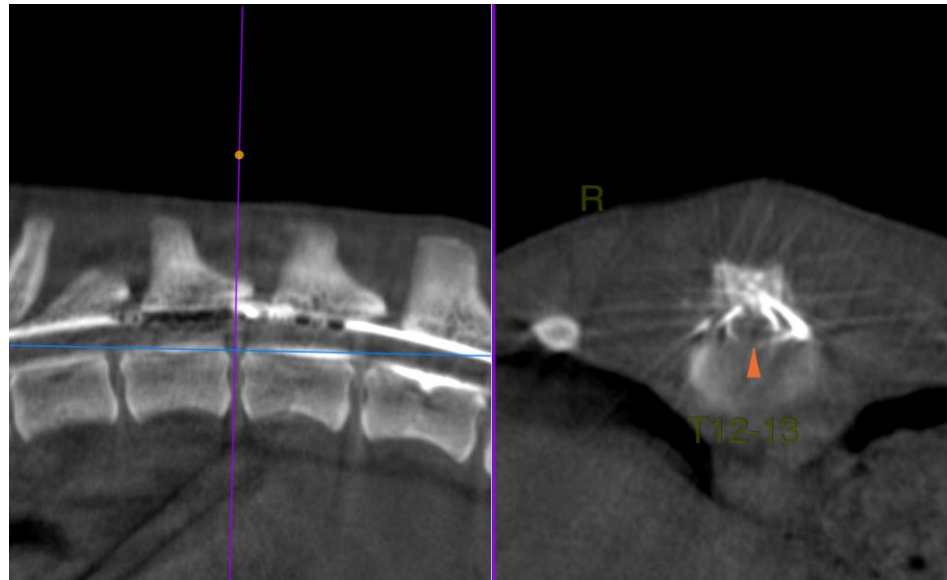
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 (Ondreka)**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.  
[info@sonopath.com](mailto:info@sonopath.com)