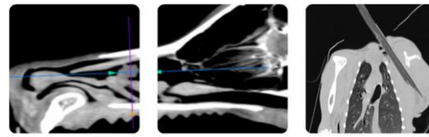


PATIENT
Waffle MacLean

SPECIES
Canine

BREED
Australian Cattle Dog/Lab

SEX
Female Spayed

AGE
8Y

WEIGHT
23.00kg

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

IMAGING PERFORMED BY
Joseph D'Abbraccio, DVM

HOSPITAL NAME
Catskill Veterinary Services, PLLC

REFERRING VET
Joseph D'Abbraccio, DVM

INVOICE
72944

DATE
12-10-25

PRESENTING CLINICAL SIGNS

12/10/2025: Reason for Visit: Non-ambulatory hind limbs, paraparesis. History: Presented for being down in the rear and non-ambulatory for the last three to four days. History of femoral head and neck ostectomy after trauma from being hit by a car. History of nephrectomy secondary to uroabdomen from previous trauma. Previously positive for heartworm (Dirofilaria immitis) and treated with a slow-kill protocol. Onset of Symptoms: Symptoms started three to four days ago. Progression of Symptoms: Patient has remained non-ambulatory in the hind limbs since symptom onset three to four days ago. Urination and Defecation Patterns: Patient does not have the ability to urinate voluntarily. Evidence of urinary accidents; diaper was soiled and soaked through blankets. PE: Alert mentation, normal posture, non-ambulatory paraparesis with absent conscious proprioception in both pelvic limbs, normal conscious proprioception in thoracic limbs, patellar reflexes normal to slightly exaggerated on left pelvic limb, good anal tone, mild to moderate muscle atrophy of left pelvic limb, absent deep pain perception in both pelvic limbs, loss of cutaneous trunci between T12-T13, cranial nerve II and VII functions intact, direct and consensual PLRs, normal fundic exam, no strabismus or nystagmus, muscle symmetry normal, normal palpebral and dazzle responses, slightly decreased right auricular palpebral response possibly due to attention.;
Abnormal PE/Chem/CBC/UA Results: (continued from Hx) PE: Incontinent with inability to urinate voluntarily; evidence of urinary accidents and soiled diaper.; Paraparesis with hind limbs non-ambulatory. Mild to moderate muscle atrophy, particularly in the left hind leg. History of femoral head and neck ostectomy in the left hind limb.; CBC: PDW 8.3; Chem: Phosphorus 1.8; BUN 31; UA: Collection Cystocentesis; Color Pale Yellow; Clarity Clear; Specific Gravity 1.036; pH 8.0; Urine Protein TR; Blood/Hemoglobin 25; WBC 11/HPF; RBC <1/HPF; Bacteria, Cocci Suspect presence; Bacteria, Rods Present;

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

Plain study and myelogram with lumbar puncture available for review.

COMPUTED TOMOGRAPHIC FINDINGS

There is some inadvertent epidural / extrathecal distribution of contrast.

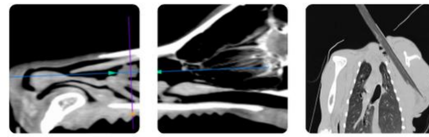
The thoracolumbar vertebral anatomy and alignment is within normal limits. The disc spaces from T3-L7 are maintained. There is no evidence of intervertebral disc extrusion or protrusion causing compressive spinal cord lesions. The spinal canal diameter is normal throughout the evaluated segments. No focal swelling or intramedullary hyperattenuation is seen. Contrast is distributed equally consistent with intrathecal and epidural spread. No deviation or compression of the spinal cord is identified and there is no evidence of abnormal compression or dilation of the subarachnoid space.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- No CT evidence of compressive spinal cord lesions in the thoracic or lumbar spine.
- Normal vertebral alignment and disc spaces without visible extrusion or protrusion.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT study shows no compressive lesion such as intervertebral disc extrusion, traumatic spinal injury, or other. Possible explanation for the severe neurologic deficits is noncompressive myelopathy such as fibrocartilaginous embolism, acute noncompressive nucleus pulposus extrusion, spinal cord infarction, and less likely severe intramedullary pathology such as myelitis or intramedullary hemorrhage. MRI of the thoracolumbar spine for definitive evaluation of the spinal cord parenchyma



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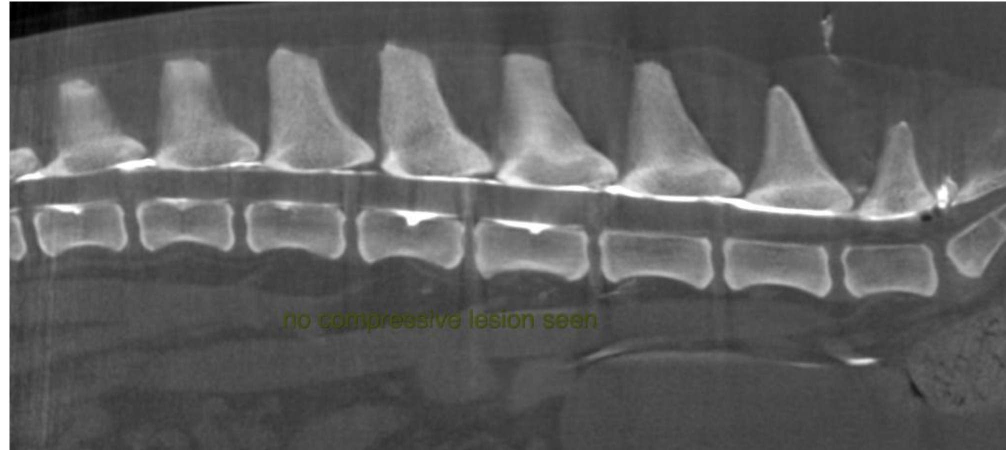
could be considered should the clinical signs persist or worsen.



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.
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