



**PATIENT PRESENTING CLINICAL SIGNS**

Riley Gordon Neck pain started 1-2 week ago Seen by rDVM, given Metacam injection, started Methocarbamol and Gabapentin Spinal radiographs were done which were normal She was up and down By the weekend they decided to try switching to Prednisone Metacam last given Sunday, 3 day washout, Wednesday night started Prednisone This evening ataxic and knuckling Last bloodwork Nov 15, 2021 CBC - WNL Chem - Alb 43 TT4 - WNL

**SPECIES**

Canine Abnormal PE/Chem/CBC/UA Results: Neurological examination: Mentation: Bright, alert and responsive. Cranial nerve exam: No deficits noted. Gait/posture: Ambulatory with moderate proprioceptive ataxia and mild paraparesis characterized by mild erratic paw placement bilaterally with low lumbar carriage. Mildly hypotonic tail. Postural reactions: Proprioceptive positioning and hopping were absent in left pelvic limb and markedly delayed in right pelvic limb and normal in all limbs. Spinal reflexes: Normal patellar and normal withdrawal reflexes. Sensory/nociception: No hyperesthesia elicited with palpation along the vertebral column.

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

9 Years

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE**

Plain and post IV contrast studies in soft tissue and bone windows available for review.

The post-contrast study has severe motion artifact related to breathing throughout the thoracic spine. Recommend adjusting spinal CT protocol to spinal recumbency in order to avoid excessive breathing related motion artifact.

**COMPUTED TOMOGRAPHIC FINDINGS**

Number, alignment, and general anatomy of the thoracic and lumbar vertebrae present within normal limits.

Multiple mild chronic intervertebral disc protrusions are seen between T11 and L3. The protrusion at T13/L1 appears to be most pronounced.

There also is a mild intervertebral disc protrusion between L6 and L7 as well as between L7 and the sacrum.

The lumbosacral vertebral end plates present early osseous remodeling and new bone formation.

Direct and obvious spinal cord compression cannot be ascertained at any of the sites. There is no evidence of aggressive bone lesions.

The lower esophageal sphincter appears to be cranial of the diaphragmatic crura on the post-contrast study.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Animal Health  
Partners

**REFERRING VET**

Dr. Marchal

**INVOICE**

49243

**DATE**

12-24-21

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Multiple mild intervertebral disc protrusion in the thoracolumbar spine between T11 and L3 accentuating T13/L1.
- Mild chronic lumbosacral disc protrusion with early spondylosis deformans.
- Sliding hiatal hernia.



**PATIENT**

Riley Gordon

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

FS

**AGE**

9 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

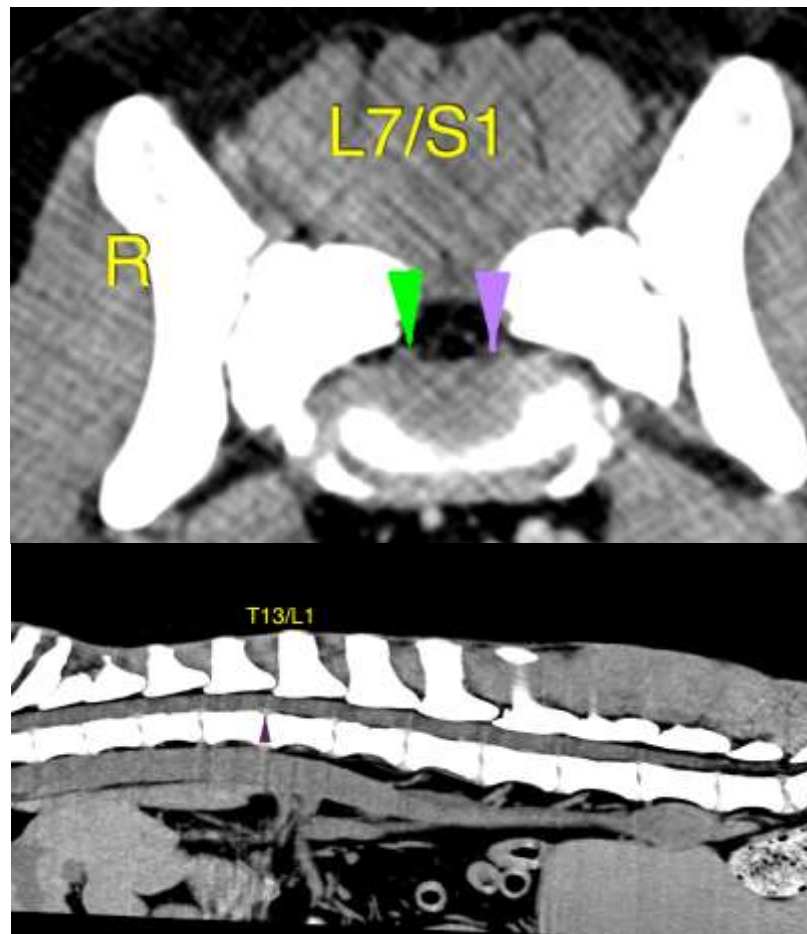
Animal Health  
Partners

**REFERRING VET**

Dr. Marchal

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study reveals no definitive site of significant compressive myelopathy or cauda equina compression throughout the thoracolumbar spine. Mild chronic protrusion with potential for mild spinal cord compression is seen at the thoracolumbar junction. However, it remains questionable as to whether this is related to the clinical signs directly. Cervical spinal disease may be a potential as well as CT occult lesions such as degenerative myelopathy, ischemic myelopathies, myelitis, infiltrative disease, meningitis, or arachnoid diverticula, and other.



**INVOICE**

49243

**DATE**

12-24-21

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  
Nele.Eley@sonopath.com