

PATIENT

Lucky Aykelinchayeva

SPECIES

Canine

BREED

Mini Poodle

SEX

MN

AGE

14

WEIGHT

6.5

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

73975

DATE

2-26-26

PRESENTING CLINICAL SIGNS

- ambulatory with assistance
- CP deficits FLs
- Increased segmental reflexes FL > HL
- cervical pain

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC, & LUMBAR SPINE

Plain study of the cervical and thoracic spine and myelogram with lumbar puncture of the cervical, thoracic, and lumbar spine are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The C3/4 intervertebral disc space is narrowed. Isoattenuating disc extrusion is seen ventrally within the vertebral canal. The disc extrusion causes moderate spinal cord compression. 40% of the cross-sectional area of the vertebral canal is occupied by the extruded material. The compression is slightly more pronounced on the right side, however, present throughout the ventral epidural space. Ventral contrast space is effaced; dorsal contrast space is also effaced at this level confirming a functionally significant compressive lesion.

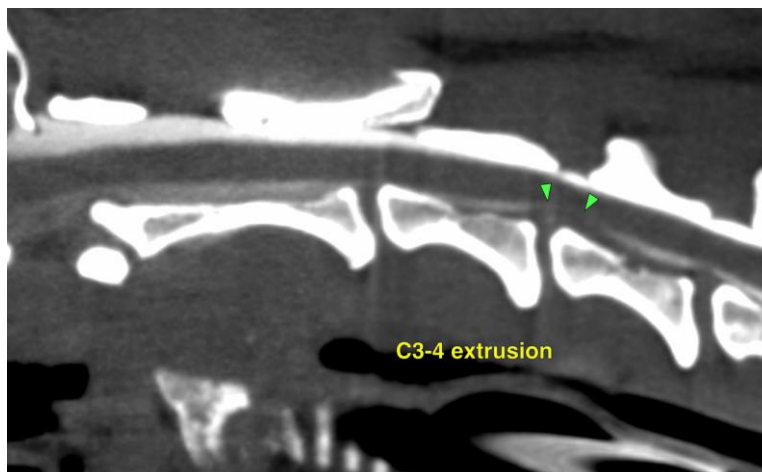
No additional compressive disc extrusions are identified in the cervical, thoracic, or lumbar segments.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute clinically significant C3/4 intervertebral disc extrusion with moderate spinal cord compression.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are consistent with an acute moderately compressive disc extrusion at C3/4. The CT findings correspond well with the patient's neurologic signs. The isoattenuating nature of the material suggests acute hydrated nucleus pulposus extrusion. Surgical decompression such as by ventral slot at C3/4 should be considered since this offers the best chance for pain relief and neurologic stabilization or improvement.





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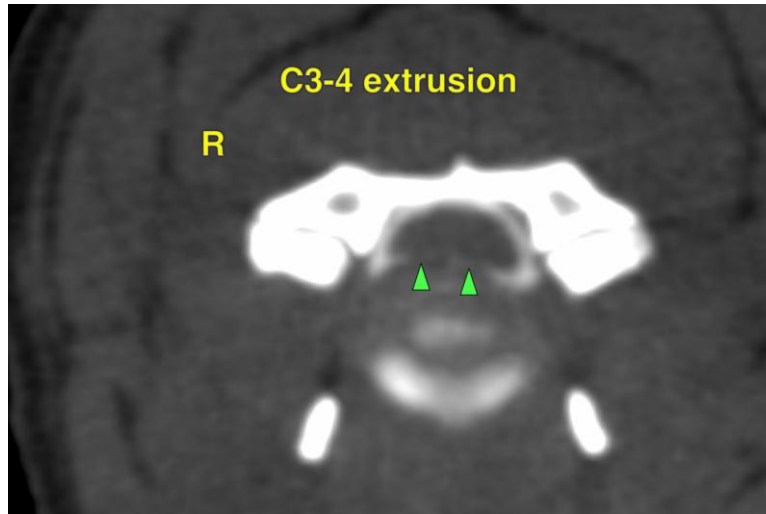
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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