



**PATIENT PRESENTING CLINICAL SIGNS**

**Molly Wilson** Is undergoing therapy for pain related to T 3 L 3 myelopathy. Patient also has an elongated soft palate, and increased rate and effort She re-presents for inability to bear weight on her forelimbs. She has increased patellar reflexes but has normal CPs in both forequarters and hindquarters. Cranial nerves are intact. Neuro-anatomic localization brainstem or diffuse spinal disease? Unfortunately she was already on steroids and CSF tap was not considered a viable option

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & SPINE**

**BREED**

Plain and post contrast studies available for review.

Pug

**COMPUTED TOMOGRAPHIC FINDINGS**

**Head**

**SEX**

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry. The middle and caudal fossa assessment is limited due to beam hardening streak artifacts as usual.

FS

**AGE**

12 Years

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

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Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. A moderate amount of hyperattenuating contrast negative material is seen in the medial aspect of the external auditory meatus, R>L. Moderate thickening of the epithelial lining of the external auditory meatus with increased contrast enhancement is seen.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

**REFERRING VET**

Ravi Seshadri

The salivary glands present within normal limits.

The dentition is incomplete. Mandibular hypodontia is noted. Moderate periodontal space widening of the triadans 105, 107, 108, 205, 207. Moderate periodontal space widening is also noted circumferential to the roots of the triadan 208, 209, and 310.

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**Spine**

Number and general anatomy of the cervical vertebrae present within normal limits.

**DATE**

3-11-23

Moderate intervertebral disc space narrowing of the intervertebral disc spaces C5/6 and C6/7 is seen. Compressive myelopathy cannot be recognized at these sites.

Moderate spondylosis deformans is present between C6 and C7



**PATIENT**

Molly Wilson

The number, alignment, and general anatomy of the thoracic vertebrae present within normal limits.

T10/11 and T11/12 facet joint hypoplasia is noted.

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Canine

Dura and dorsal longitudinal ligament mineralization are seen focally between L2/3, L3/4, L4/5, L5/6.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**BREED**

Pug

- Normal CT findings of the brain.
- Chronic intervertebral disc disease C5/6, C6/7.
- Multiple dorsal longitudinal and dura mineralization in the lumbar spine – unlikely to be of clinical significance.

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The chronic intervertebral disc disease within the deep cervical spine may be associated with compressive myelopathy. However, a disc hernia cannot be delineated accurately. It is uncertain based on the clinical history and reported neuroanatomic localization at these findings to explain the clinical signs fully. An MRI of the brain and cervical spine or CT myelogram could be considered for further definition should the patient's clinical signs persist.

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**REFERRING VET**

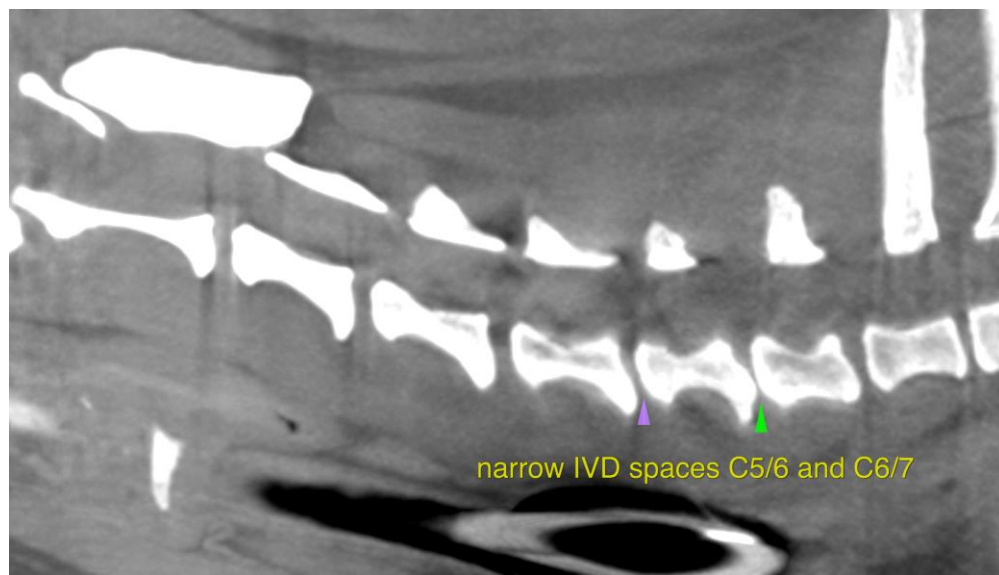
Ravi Seshadri

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**PATIENT**

Molly Wilson

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.

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.

**SPECIES**

Canine

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