



PATIENT PRESENTING CLINICAL SIGNS

Mike Coreau

- Mar 16/26 started dragging RH leg
- Mar 14/26 worsening over the course of the weekend. No pain response on reflex of hip or stifle. No swelling or back pain. Possible mild cranial drawer R stifle. Decreased knuckling in RH. Normal in LH. Potential for a fall on the ice. Advised rest 2-3 weeks, NSAID & recheck x-rays if not improving.

SPECIES

Canine

- Mar 23/26 no improvement and vomiting/inappetent. Still BAR. Falling over more and possible affecting the LH as well. Can weight bear on the right but easily falls over. Still no back pain elicited. X-rays show suspected lesion L4-S3 and GI upset from Metacam.

BREED

Goldendoodle

- Abnormal PE/Chem/CBC/UA Results: NAF

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBOSACRAL SPINE

SEX Plain study is available for review.

MN COMPUTED TOMOGRAPHIC FINDINGS

AGE

5yr

The vertebral bodies of the lumbar spine are normal in number, size, shape, and alignment. Intervertebral disc spaces are preserved. No evidence of disc extrusion, protrusion, or mineralized disc material within the vertebral canal is seen. The vertebral canal is of normal diameter. No compressive lesions are identified.

INTERPRETED BY

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

There is no evidence of traumatic osseous injury or aggressive bone disease.

The lumbosacral junction appears within normal limits. No significant stenosis, instability, or compressive lesion is seen.

The sacrum and associated foramina are unremarkable.

HOSPITAL NAME

Bridgwater Veterinary
Hospital

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Unremarkable CT presentation of the lumbar and sacral spine

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Alison Bowles

No evidence of spinal cord compression or other structural lesion is identified in the CT study of the lumbar and sacral spine. Given the acute onset, asymmetry, and rapid progression, as well as lack of pain and negative CT findings are most consistent with a non-compressive myelopathy, such as fibrocartilaginous embolism/ ischemic myelopathy.

INVOICE

24300

Other differential diagnosis includes acute non-compressive nucleus pulposus extrusion, early inflammatory myelopathy and traumatic spinal cord injury. MRI can be considered, in case of persisting or worsening clinical signs, to confirm. FCE vs ANNPE vs inflammatory disease.

DATE

03/26/2026



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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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