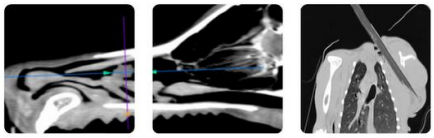

PATIENT

Dug Fowler

SPECIES

Canine

BREED

Pug X

SEX

MN

AGE

14

WEIGHT

9.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

MR

HOSPITAL NAME

Green Dog Dental and Wellness

REFERRING VET

Dr. Scott

INVOICE

74596

DATE

4-14-26

PRESENTING CLINICAL SIGNS

History of spinal issues requiring back surgery 4 years ago
Previous surgery resulted in 80-90% recovery, but hind legs remained somewhat weak since.
Carpal valgus both forelimbs (more pronounced on right)
paraparesis
No paw placement bilaterally, but motor function intact,
hyperreflexic myotactic and patellar reflexes bilaterally in hind limbs. Superficial pain response and withdrawal reflex present in both hindlimbs, positive panniculus bilaterally, no steps appreciated in spine

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

Plain and post IV contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Cervical Spine

Vertebrae, intervertebral disc spaces, and articular facets are within normal limits. There is no evidence of disc herniation, spinal canal stenosis, or foraminal narrowing.

Thoracic Spine

The T13 vertebra is an asymmetric transitional vertebra.

A prior hemilaminectomy site is seen on the left at T12/13. Post-surgical changes are present with mild asymmetry and new bone formation. A small amount of chronic residual extradural material appears to be present. No significant evidence of acute spinal cord compression is identified at the level of the prior hemilaminectomy.

Lumbar Spine

Moderate chronic intervertebral disc herniation with associated spondylosis deformans and spinal cord compression is present at L1/2.

There appears to be left sided partially mineralized chronic disc extrusion with mild spinal cord compression at L3/4.

Right sided partially mineralized chronic disc extrusion is present at L4/5 with also mild spinal cord compression.

Mild multi-level degenerative changes are seen within the lumbar segment.

No significant abnormalities are identified in the sacral spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multi-level chronic intervertebral disc disease most pronounced at L1/2, L3/4 (left-sided), L4/5 (right-sided).
- Post-surgical changes at T12/13: left hemilaminectomy site with mild chronic residual compression without evidence of recurrent compression.

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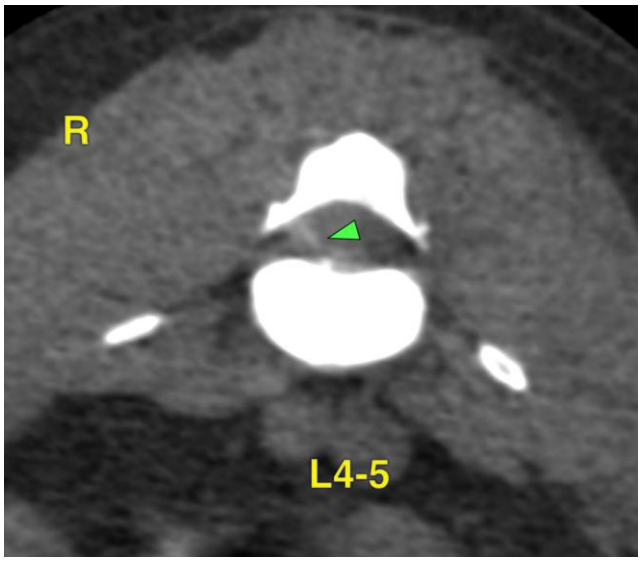
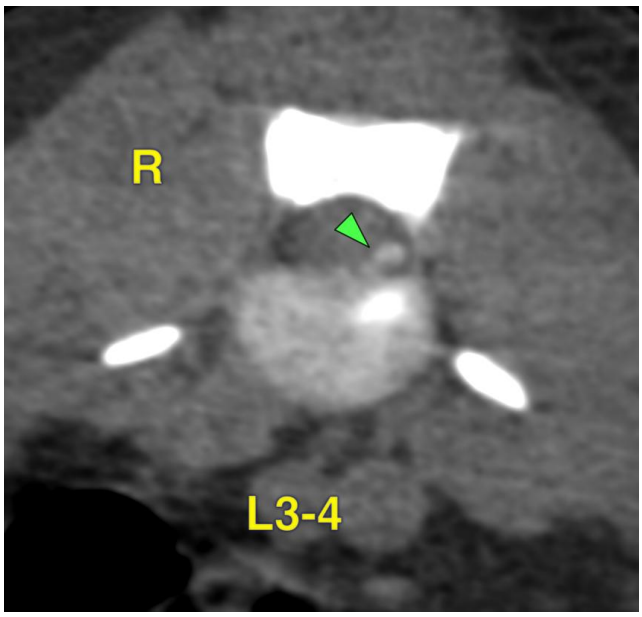
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No convincing acute compressive lesion is identified to explain the current neurologic deterioration. The imaging findings are most consistent with chronic multi-level degenerative spinal disease which may contribute cumulatively to the patient's paraparesis and proprioceptive deficits, however, the noted changes may not fully account for the severity of the current neurologic deficits. Differentials to consider include functional or dynamic spinal cord compression, spinal cord parenchymal disease, arachnoid diverticulum, and chronic spinal cord changes including gliosis.

CT has limited sensitivity for intramedullary and non-mineralized extradural lesions which may be of relevance in this case. MRI of the thoracolumbar spine, or CT-myelogram if MRI is not available, could be considered for further definition.





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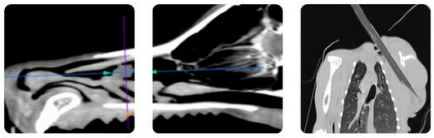

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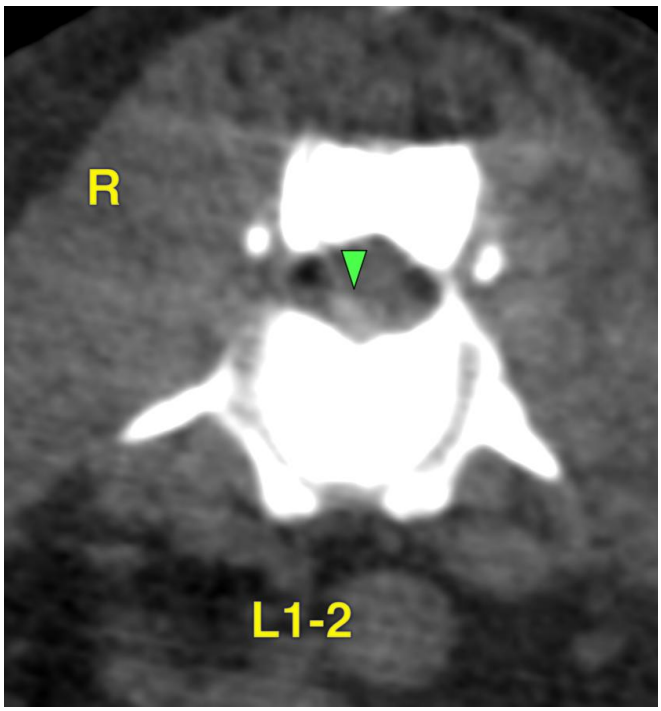

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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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