



PATIENT

Versace Bergin

SPECIES

Canine

BREED

Dachshund Miniature

SEX

Male

AGE

5 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

REFERRING VET

Dr J Katakasi

INVOICE

57875

DATE

4-17-23

PRESENTING CLINICAL SIGNS

Not himself, growls when picked up Ambulant all 4 limbs, gait is normal. Spinal palpation - reactive epaxials thoraco/lumbar region. No neuro deficits in hind legs. Resents neck manipulation - difficult to examine however, nervous and snappy. Calcified discs seen on radiographs, further evaluation with CT

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

Plain study and myelogram with lumbar puncture in soft tissue and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

Narrowing of the intervertebral disc space T12/13 is noted. There is extrusion of heterogeneously mineral attenuating material into the ventral and left epidural space of the vertebral canal. The extrusion occupies approximately 50% of the vertebral canal's cross sectional area level with the intervertebral disc space and caudal third of the vertebral body of T12. Moderate to severe spinal cord deviation and compression are noted.

Multiple intervertebral disc mineralizations are noted throughout the thoracic and lumbar spine. No additional site of compressive myelopathy is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute severely compressive intervertebral disc extrusion T12/13.
- Multifocal chondroid disc degeneration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with moderate to severe spinal cord compression secondary to intervertebral disc extrusion between T12 & T13. The material is situated within the ventral and left epidural space. Rightward deviation and compression of the spinal cord is noted. Decompressive surgery appears to be indicated based on the volume of the extrusion and degree of spinal cord compression.



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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.

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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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Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology
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