



**PATIENT**

Rocky Milanak

**PRESENTING CLINICAL SIGNS**

Ataxia hindlimbs bilaterally. pain score 0/4 ataxia/hindlimb paresis nonpainful healthy overall caution with buprenorphine - to not exacerbate ataxia diarrhea - on metro now r/o lumbar IVDD, djd/oa

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE**

Plain study in soft tissue and bone windows available for review.

**BREED**

Boston Terrier

**COMPUTED TOMOGRAPHIC FINDINGS**

Number, alignment, and general anatomy of the thoracic and lumbar vertebrae present within normal limits.

**SEX**

Male Neuter

The sacrum comprises two fused vertebrae.

Block and hemivertebrae are seen within the coccygeal spine which is reduced in size as typical in corkscrew tailed breeds.

**AGE**

11 Years

A minimal amount of faintly hyperattenuating intervertebral disc material is seen in the ventral epidural space level with the intervertebral disc spaces T13/L1 and L1/2 with no evidence of significant spinal cord compression.

Mild spondylosis deformans is present at the lumbosacral junction.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

The right adrenal gland presents a hypoattenuating nodule of 7.5mm diameter at the transition between its isthmus and its cranial pole.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Minimal disc hernias without compressive myelopathy T13/L1 and L1/2.
- Early lumbosacral spondylosis deformans.
- Hypoattenuating right adrenal gland nodule.

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Cattiny

An underlying cause of the paraparesis is not identified in the CT study. A CT myelogram or MRI could be considered for further definition should the patient's clinical signs persist or deteriorate in order to screen for myelopathy such as ischemic myelopathy, myelitis, or other intermedullary changes as well as dilations of the subarachnoid space and other with greater sensitivity. At this time, however, no compressive lesion can be identified.

**INVOICE**

52037

Differential diagnosis for the right adrenal gland nodule include myelolipoma as well as early functional or nonfunctional adenoma, adenocarcinoma, pheochromocytoma, or incidentaloma. Correlate with the laboratory values.

**DATE**

5-10-22



**PATIENT**

Rocky Milanak

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male Neuter

**AGE**

11 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

Cattiny

**INVOICE**

52037

**DATE**

5-10-22





**PATIENT**

Rocky Milanak

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

**Nele Eley**, DVM, Dr. med. vet., DipECVDI  
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,  
Senior lecturer University of Giessen, Germany, Veterinary Faculty, Department of Radiology  
Nele.Eley@sonopath.com

**BREED**

Boston Terrier

**SEX**

Male Neuter

**AGE**

11 Years

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

Cattiny

**INVOICE**

52037

**DATE**

5-10-22