



PATIENT

Tiger Hernandez

PRESENTING CLINICAL SIGNS

Patient presented to us because suddenly become paraplegia after being playing with another dog at the house
Abnormal PE/Chem/CBC/UA Results: glu 114 wbc 4.62 lym 0.46 hgb 18.9 hct 58.55 plt 152

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE

Plain and post IV contrast studies available for review.

BREED

German Shepherd

COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals moderate protrusion and partial mineralization of the lumbosacral intervertebral disc. Dorsal deviation of the cauda equina is seen. There is a mild lumbosacral step formation.

SEX

Male

The intervertebral disc L5/6 presents partial mineralization of its nucleus pulposus.

There appear to be mild to moderate intervertebral disc protrusions between T13/L1, L1/2, and L2/3 with moderate protrusion at T13/L1 and milder protrusions between L1/2 and L2/3.

AGE

9 Years

Mild spondylosis deformans is seen between T13/L1 and L2/3.

Mild to moderate intervertebral disc protrusion appears to be present between T9 and T10. Partial mineralization of the intervertebral disc is noted here as well.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Faint linear dural mineralizations are seen in the caudal lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic intervertebral disc protrusions T9/10, T13/L, L1/2, L2/3, L7/S1.

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals multiple mild to moderate intervertebral disc protrusions within the thoracic and lumbar spine as well as at the thoracolumbar and lumbosacral junctions. Changes appear to be most pronounced between T13/L1 and L7/S1. The CT findings support chronic disc herniations which do not appear to correlate with the clinical history of the patient. Acute on chronic disc disease cannot be ruled out entirely. Other potential causes would include acute noncompressive nucleus pulposus extrusion, ischemic myelopathy such as fibrocartilaginous embolism, and less likely myelitis, infiltrative disease, or degenerative myelopathy. A surgical lesion is not identified by the CT study. Further definition would require an MRI or CT myelogram which could be considered in case the clinical signs of the patient persist or deteriorate.

REFERRING VET

Dr. Ramos

INVOICE

58213

DATE

5-9-23



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AGE

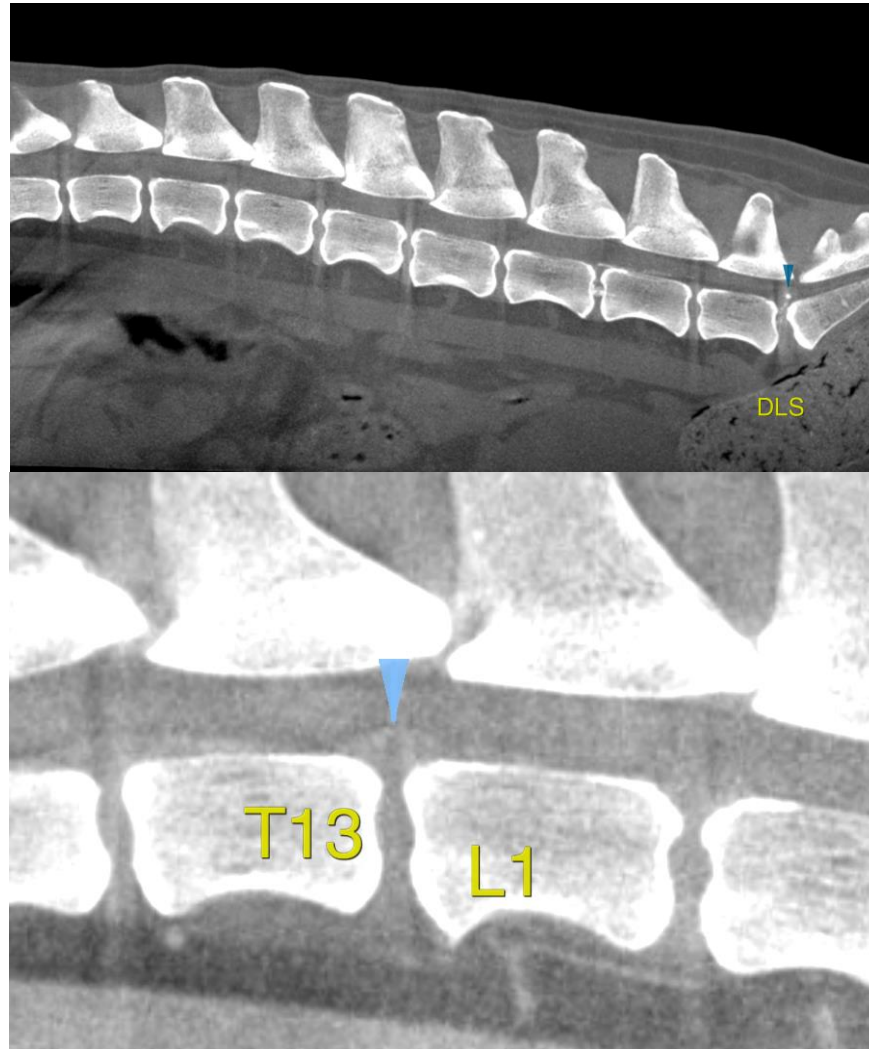
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INVOICE

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Nele.Eley@sonopath.com

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