



## PATIENT

Sancho Vega

## SPECIES

Canine

## BREED

Dachshund

## SEX

NM

## AGE

10Y

## WEIGHT

24.4lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image Center

## REFERRING VET

Eduardo Díaz, DVM

## INVOICE

74941

## DATE

5-9-26

## PRESENTING CLINICAL SIGNS

Sancho, a 9-year-old neutered male Dachshund (25.6 lbs, previously 26.6 lbs), presented for consultation on spinal disease due to a history of intervertebral disc disease (IVDD).

Objective:

Weight: 25.6 lbs (overweight); ideal ~22 lbs.

Body Condition Score: 4/5.

Pain Score: 3–4/5.

Gait: Mild hind limb ataxia, worse on the right. Right hind limb has proprioceptive deficits; left hind limb proprioception normal.

Spinal palpation: Pain noted in lumbar region.

Dental: Tartar/gingivitis present.

Abnormal PE/Chem/CBC/UA Results: CBC --- severe erythrocytosis, HCT mild increased, HGB severe increased PLT mild to moderate increased CHEM --- TP moderate increased, ALB severe increased, GLOB mild increased, TBIL mild increased, AMYL mild decreased

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

Plain and post IV contrast studies are available for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The CT study reveals severe acute mineralized extrusion of intervertebral disc material within the cranial lumbar spine at L2/3. The material is situated within the right ventral epidural space and occupies approximately 70% of the vertebral canal diameter. Severe compression of the spinal cord with dorsal and leftward deviation is seen. The intervertebral disc space is reduced in width.

Chronic intervertebral disc protrusions are present at multiple levels, most notably at T9/10 and T12/13. These lesions are mildly compressive.

At T6, a well-defined focal area of lucency is identified within the craniodorsal aspect of the vertebral body. Differential considerations include benign incidental findings such as fatty bone island or early aggressive osseous lesion which is considered less likely but cannot be excluded.

Multiple mineralized intervertebral discs are seen throughout the thoracolumbar spine consistent with advanced chronic intervertebral disc disease.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe acute right sided mineralized intervertebral disc extrusion at L2/3 with severe spinal cord compression.
- Multifocal chronic intervertebral disc disease with mildly compressive protrusions at T9/10 and T12/13.
- Multifocal chondroid disc degeneration.
- Focal lucent lesion at T6 vertebral body. Differential: fatty bone island vs early aggressive lesion.

## INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The imaging findings are dominated by severe right sided L2/3 mineralized disc extrusion causing substantial spinal canal compromise. This lesion is likely the cause of the patient's proprioceptive deficits and lumbar pain. Surgical consultation for decompression is strongly recommended with the



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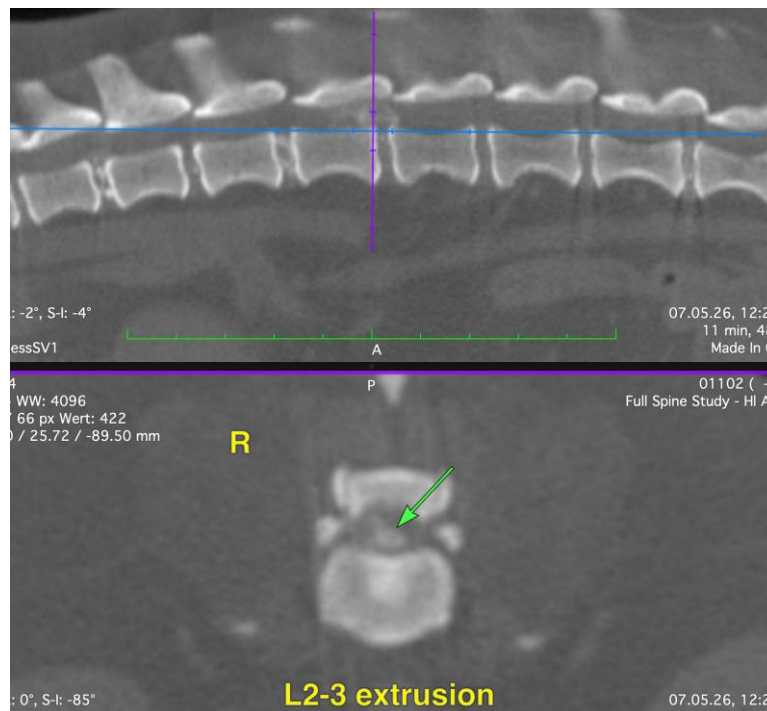
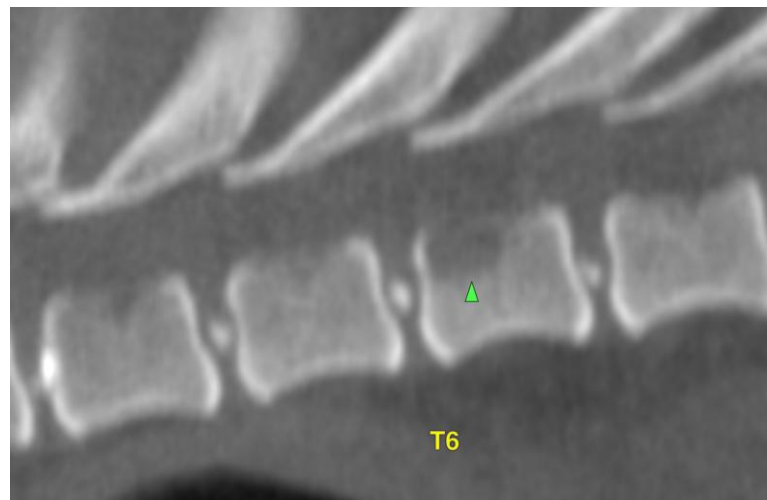
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post-surgical prognosis strongly dependent on duration and severity of deficits.

Monitoring of the T6 lesion with follow-up CT or radiographs in 6-12 weeks is recommended.





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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

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