



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Abby Williams

SPECIES
Canine

BREED
French Bulldog

SEX
Female Neutered

Hx: Ongoing Hx, allergy: cytopoint given x2, Apoquel 8mg SID, last given today 01/22 thought to have laryngitis as not barking for a few days, self resolved, since then on and off stiff neck, hence thought issue could be started from Jan 2022 Recent Hx: on Sat morning, ate Prineroll, then became acutely sore on neck Stance was: neck down, hunch back, jerking moving of neck Brought to Wellpet for ECC, was given gaba and Onsiro Med: Gaba 150mg 1/4 tab last given this am, Onsiro 20mg last given last night (responsive to med) PE: QAR, so far has been calm with med (though has Hx of aggression at other vets) EEN nsad CRT 1s MM pm H 110, strong pulse R 48 normal sound to effort Temp 39.5 Neuro: - CPs: normal on all limbs - Reflexes on RHS: normal patella, normal triceps - Reflexes on LHS: markedly reduced A: soft tissue vs spinal dz (upper unilateral - on C3-C5 on LHS) vs intracranial on RHS vs multifocal CC: Adv CT is 1st line, MRI might required +/- CSF analysis Est 1800 = CT + myelogram, CT reading 2 regions (up to 2000) O consnet (CP) Sedated with 0.2ml ACP + 0.4ml meth Induced with 2ml alfaxan, iso Ct scan - plain and post myelogram performed CT report - pending sonopath (BT) CC: adv regarding C3-4 disc. Adv surgeon is not advisable at the moment. O expressed that will not undergo surgery even if it gets worse. I ok Consnet plan: pain management Current Tx plan: 1. Onsiro 20mg SID 2. Gabapentin 150mg BID 3. Add on Codein 30mg BID

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

AGE
7.5

Plain and myelogram studies in soft tissue and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

INTERPRETED BY
Nele Eley, DVM
Dr. med. Vet. DipECVDI

Multiple vertebral end plate defects are seen within the cervical, thoracic, and lumbar spine between C2 and C3, from T3 through T9, and at the lumbosacral junction.

Multiple intervertebral disc space collapse with vertebral end plate and vertebral body sclerosis are present as well accentuating the thoracic vertebrae T3 through T7 and both the 7th lumbar and 1st sacral vertebra.

HOSPITAL NAME
Colyton Veterinary Hospital

The lumbosacral intervertebral disc presents moderate protrusion and vacuum phenomenon.

Mild protrusion of the intervertebral disc L5/6 is seen.

REFERRING VET
Bao Truong

There is a partially mineralized extrusion with mild cranial migration and mild compressive myelopathy between L2 and L3.

Partially mineralized but mainly isoattenuating extrusion of intervertebral disc material is seen in the cervical spine between C3 and C4 which causes moderate dorsal deviation and compression of the spinal cord.

INVOICE
52283

Mild protrusion of the intervertebral disc C2/3 is seen as well.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- DATE**
6-1-22
- Moderately compressive intervertebral disc protrusions C2/3.
 - Mildly compressive intervertebral disc extrusion L2/3.
 - Suspect multifocal chronic discospondylitis at multiple sites within the cervical, thoracic, and



PATIENT lumbosacral spine.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals moderate spinal cord compression within the upper cervical spine between C3 and C4 due to intervertebral disc extrusion.

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Mild spinal cord compression is noted between L2 and L3 secondary to intervertebral disc extrusion. However, there also is evidence of chronic and presumably low grade discospondylitis at multiple sites throughout the cervical, thoracic, and lumbar spine / lumbosacral junction.

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The age of the extrusions within the cranial cervical and cranial lumbar spine cannot be determined. They may not necessarily be acute and the potential for multifocal chronic discospondylitis needs to be integrated into the treatment considerations in this patient. Moreover, screening for an infection such as within the urinary tract or other is recommended.

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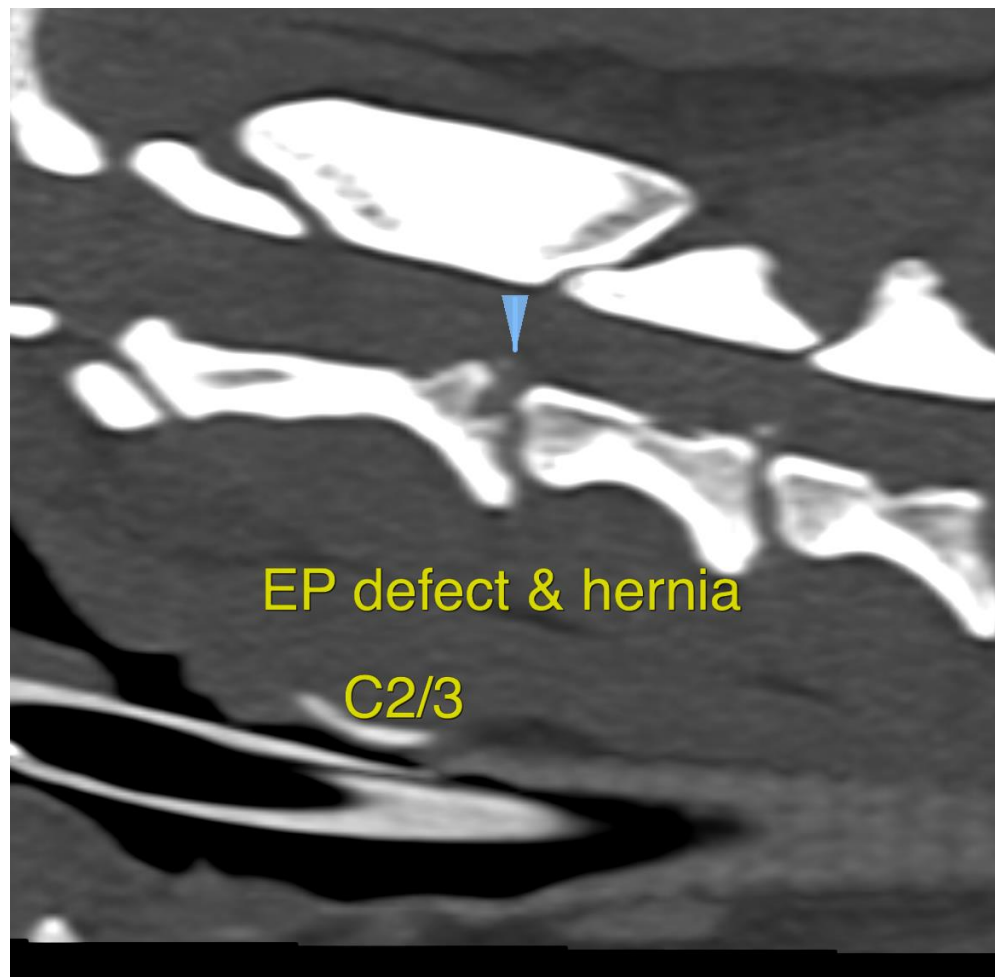
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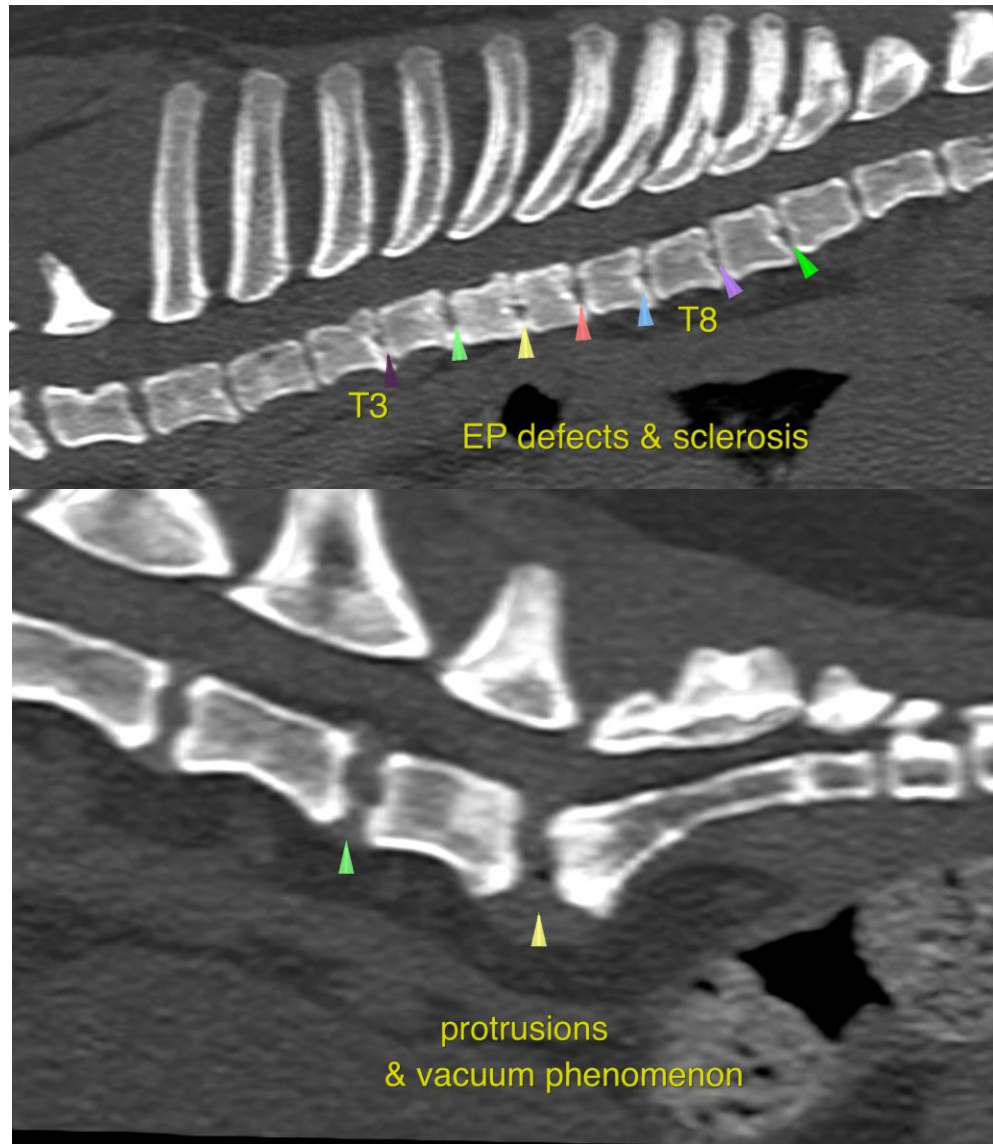
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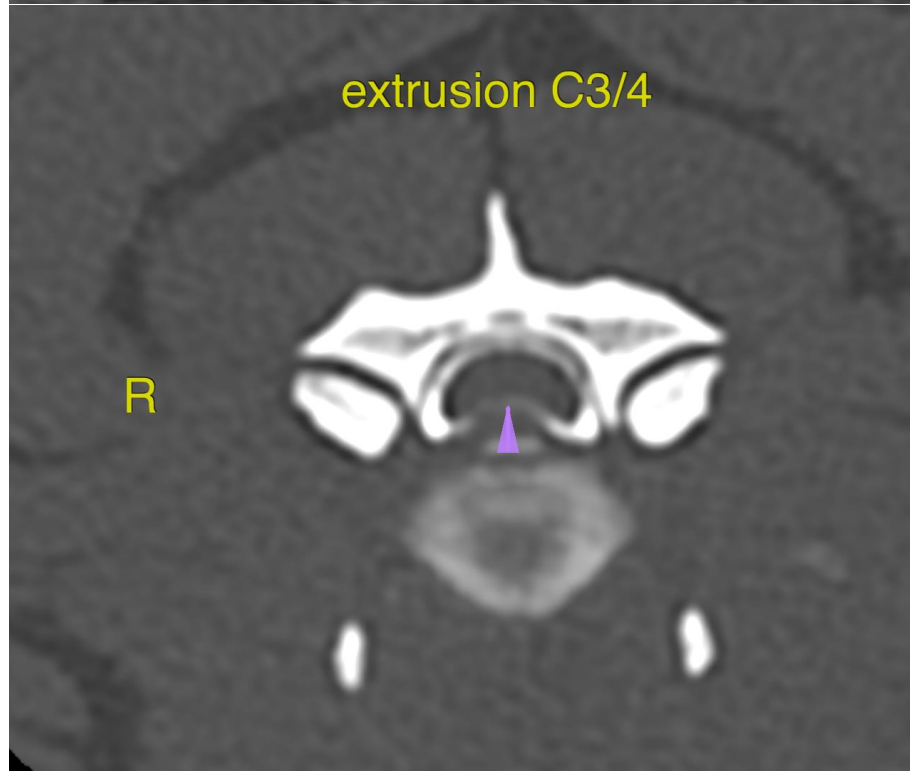
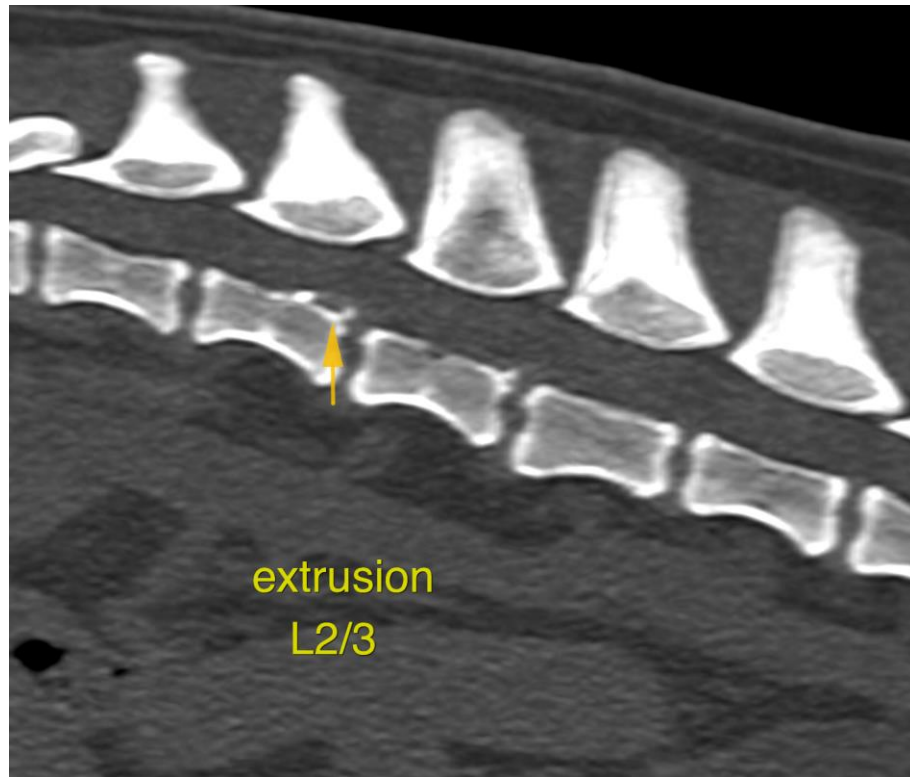
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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