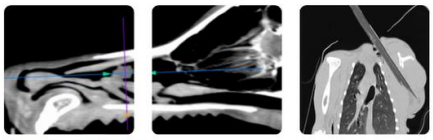


PATIENT

Thomas Jundt

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6yr

INTERPRETED BY

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

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr Raul Casas

INVOICE

25007

DATE

06/02/2026

PRESENTING CLINICAL SIGNS

-Presents for acute non-weight bearing on both thoracic limbs since Saturday (2026-05-30).
- Last seen normal Friday night (2026-05-29)
- Found recumbent on couch, unable to ambulate; no vocalization of pain
- No known trauma, toxin exposure, or recent falls
- Indoor/outdoor; hunts rodents and birds
- Dehydrated on presentation to Western Vet; received IV fluids with improved mentation
- Eating and drinking at Western Vet
- Urination: Voided large volume in bed; continent per client; urinating regularly on pee pad at Western Vet
- Defecation: Last defecation early Sunday morning (2026-05-31); none since
- No coughing, sneezing, vomiting, or diarrhea reported

Abnormal PE/Chem/CBC/UA Results: Musculoskeletal: Non-ambulatory, non-weight bearing on both thoracic limbs; moves thoracic limbs but collapses when attempting to stand; uses pelvic limbs to kick; unable/unwilling to rise; Neurologic: Non-ambulatory tetraparesis, thoracic limb predominant; no overt pain vocalization rDVM, 5/31/26: Rads: Abnormal jt. spaces @ C6-C7, C7-T1, T1-T2. Abnormal ossification ventral C7. Blood Smear: segs 90, lymphs 8, eos 2. Pltsadequate/someclumped. RBC Morph: anisocytosis 1+; ALB 4.5, K 3.6, TP 8.4

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL and THORACIC SPINE

Plain and post contrast studies of the head and cervical spine and plain study of the thoracic spine are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchyma attenuation are as expected. The distribution of contrast enhancement is within normal limits throughout the parenchyma and meninges. The ventricular system is non-dilated and within the limits of the expected volume and symmetry.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

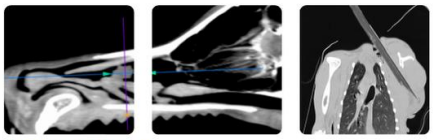
Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external auditory meatuses present within normal limits.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

The visible dentition is within normal limits.



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CERVICAL SPINE

The cervical vertebrae are normal in alignment and morphology. No fracture, luxation, vertebral malformation, osseous proliferation or vertebral canal stenosis identified.

The intervertebral disc spaces appear to be preserved.

THORACIC SPINE

The thoracic spine is unremarkable. No vertebral fracture, luxation, aggressive osseous lesion or significant degenerative changes identified. The vertebral canal appears with normal limits.

Intervertebral disc spaces are preserved.

The visible paraspinal musculature and regional soft tissues present with normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Normal CT presentation of the head, brain, cervical and thoracic spine

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

No CT evidence of fracture, luxation, vertebral canal stenosis, compressive osseous lesion, discospondylitis or other structural abnormality to explain the reported non ambulatory tetraparesis. No intracranial abnormalities identified. However, differential diagnoses include disorders that may not be visible on CT such as acute intervertebral disc extrusion, FCE ischemic myelopathy, inflammatory or infectious myelitis, polyradiculoneuritis, peripheral neuropathy, metabolic/ toxic disorders and other.

MRI of the brain and cervical spine can be considered as the next imaging modality if clinically feasible for greater sensitivity to detect neuroparenchyma disease of the spinal cord and/or brain.

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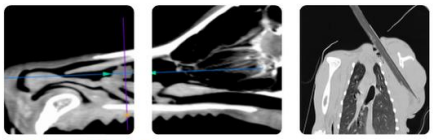

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
European Specialist in Veterinary Diagnostic Imaging, Cert. Radiology,
Senior lecturer University of Giessen/Germany, Veterinary Faculty, Department of Radiology.
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