SonoPath Teleradiology
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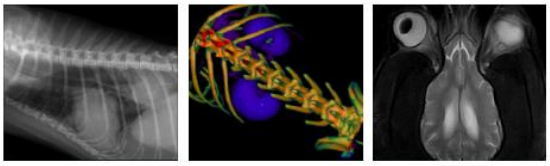

PATIENT

Rudy Curry

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

7 Years, 10 Months

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Bluegrass Veterinary Specialists

REFERRING VET

Austin

INVOICE

58923

DATE

6-20-23

PRESENTING CLINICAL SIGNS

Down in hind end. Had sx 6/6/23 to remove a splenic mass and infected gallbladder, and multiple mast cells. 6/12/23 wounds began to open up on rear legs and behind neck where mast cells were removed. Wet to dry bandages were applied for a few days. P began knuckling hind legs and having significant difficulty standing beginning 6/13. Since has only seemed to plateau in his ability to stand or walk on his own.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACOLUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Severe intervertebral disc protrusion is seen at the lumbosacral junction with reduced intervertebral disc space width, extensive intra- and peri-discal vacuum phenomenon, as well as multiple concave vertebral endplate defects. A large amount of new bone is emerging ventrally and laterally from the lumbosacral vertebral endplates. Mild bilateral neuroforaminal stenosis is seen. The cauda equina fibers are deviated dorsally at the level of the vertebral canal.

Multiple moderate spondyloses are present throughout the lumbar spine.

Occasional focal mineralization of the dura is seen.

There is a vertebral endplate and vertebral body defect in the 5th thoracic vertebra. T5/6 presents spondylosis deformans.

Mild spondylosis deformans with vacuum phenomenon is also seen at T11/12.

Multiple subcutaneous nodules are present in the dorsum.

The hypogastric and medial iliac lymph nodes are moderately enlarged.

Multiple stapler clamps are seen in the cranial abdomen coinciding with the prior position of the removed spleen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe degenerative lumbosacral stenosis with mild bilateral neuroforaminal stenosis and signs of chronic active vertebral endplate remodeling.
- Multiple hypogastric and medial iliac lymphadenomegaly.
- Vertebral defects and spondylosis deformans T5/6.
- History of splenectomy.
- Multiple subcutaneous nodules in the dorsum.
- Multiple spondyloses.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals severe degenerative lumbosacral stenosis with mild bilateral neuroforaminal stenosis. The findings furthermore suggest potential for chronic low grade discospondylitis, specifically at L7/S1 and T5/6. Active vertebral endplate remodeling, Schmorl's

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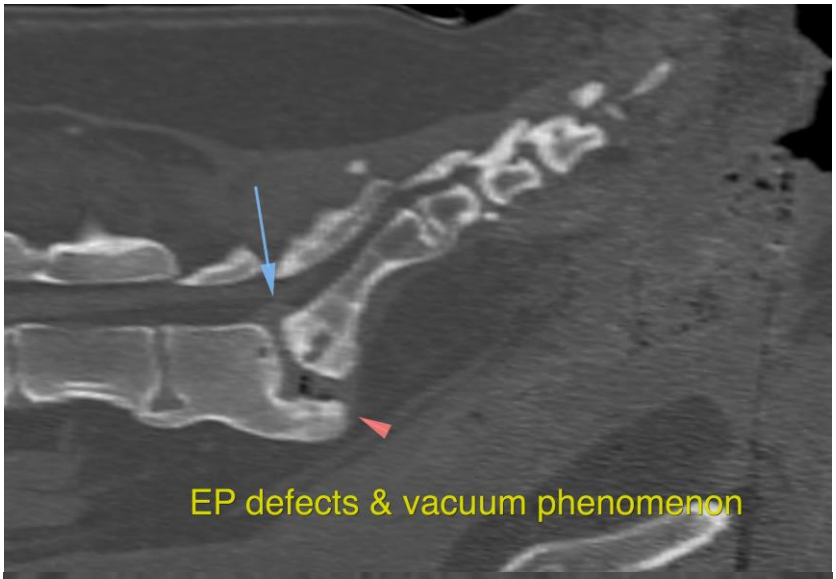
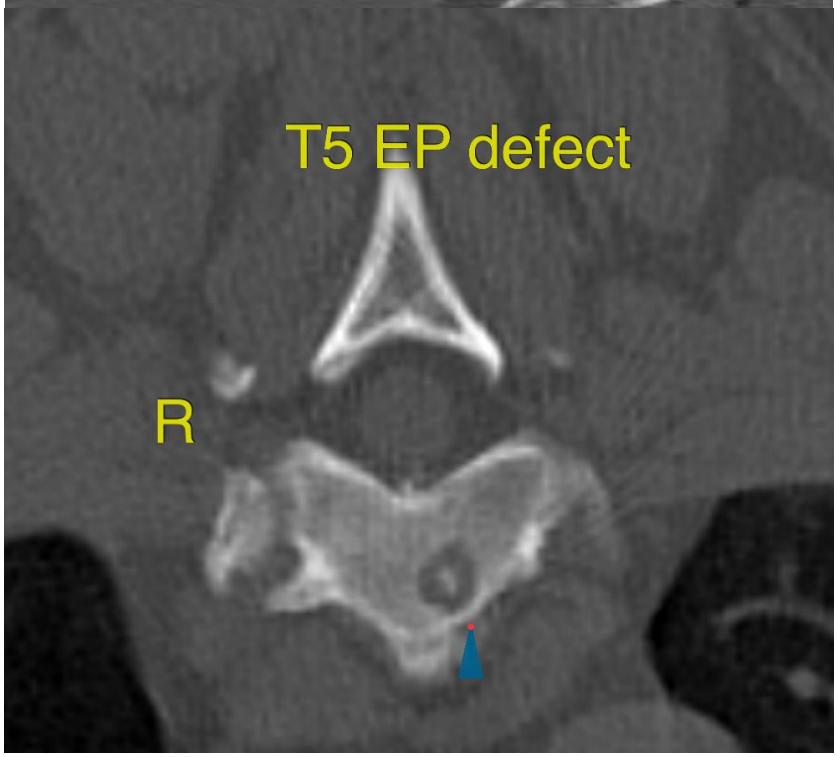
nodes, and vertebral endplate failure are potential but less likely differential diagnoses.

The findings of the sublumbar lymph nodes suggest presence of reactive lymphadenitis. A neoplastic infiltrate cannot be ruled out entirely but is by far less likely.

Screening for systemic infection should be considered. The use of broad spectrum antimicrobial could be considered as well.





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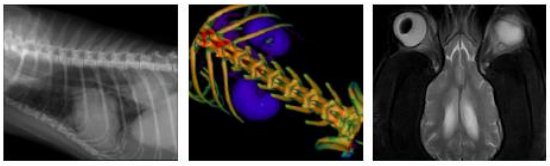

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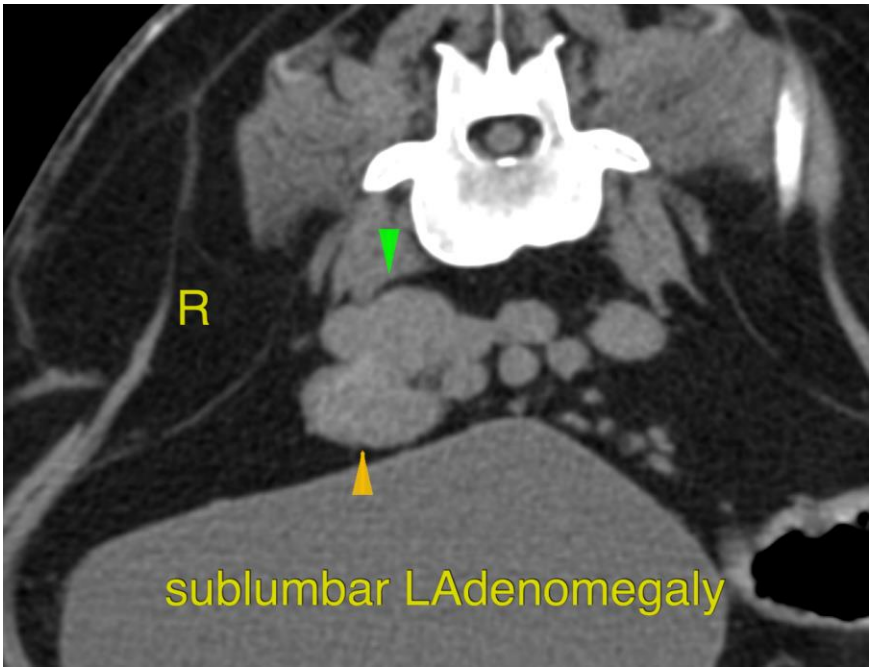

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, 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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