



PATIENT PRESENTING CLINICAL SIGNS

Lolli Pop Ow
SPECIES Canine
BREED Chihuahua
SEX FS
AGE 10 Years

Referred for CT due to a history of LTL lameness and PL paresis/ ataxia starting after a seizure 2 months ago. Neurology referral and MRI were recommended, but not feasible. Abnormal PE/Chem/CBC/UA Results: from surgical consult notes provided: Neurological: moderate to severe left forelimb lameness. mild to minimal hindlimb ataxia. Mild resistance to hip extension bilaterally worse left (history of FHO for LPC disease). mild CP decrease in the right front and both hind limbs. Significant CP delay of the left forelimb with apparently normal reflexes. No spinal pain elicited on palpation or mobilization.

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL, & THORACIC SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Head

The brain presents no deviation from normal anatomy and symmetry. The grey and white matter distinction and the neuroparenchymal 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.

Hypodontia is noted. Multifocal signs of severe periodontal disease accentuating the triadans 109 and 209 are seen.

Cervical & Thoracic Spine

The craniocervical junction presents within normal limits.

The odontoid peg is of normal shape and there is no evidence of atlantoaxial subluxation.

Severe narrowing of the intervertebral disc spaces C2/3, C3/4, C4/5, C5/6, C6/7, C7/T1 with vertebral endplate sclerosis and spondyloses are seen.

INTERPRETED BY

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
 Wellness

REFERRING VET

Desen Ertunc

INVOICE

59350

DATE

7-12-23



PATIENT Compressive disc herniation cannot be visualized.

Lolli Pop Ow Serial mild to moderate chronic intervertebral disc protrusions are present within the thoracic and cranial lumbar spine between T10 and L2.

SPECIES Note the presence of smaller and one 5mm sized gallbladder calculi.

Canine **COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Normal CT findings of the brain.
- Signs of chronic intervertebral disc disease within the cervical spine between C3 and T1.
- Mild to moderate chronic intervertebral disc protrusions from T10 through L2.
- No evidence of structural brain pathology.
- No evidence of atlantoaxial subluxation.
- Gallbladder calculi.

BREED

Chihuahua

SEX

FS

AGE

10 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study does not reveal evidence of structural brain injury. Inflammatory/infectious, metabolic/toxic, neurodegenerative, and cerebrovascular pathology remains a potential and further definition by means of an MRI could be considered in case of recurring seizure activity.

An explanation for the ataxia/lameness is not overtly seen. Nevertheless, there are signs of multiple chronic intervertebral disc disease within the cervical spine from C3 – T1 which can be concurred by a disc herniation, which may be isoattenuating and occult on CT. Further definition by means of an MRI or CT myelogram could be considered depending on the severity and development of the clinical signs.

Mild to moderate compressive myelopathy can be associated with the intervertebral disc protrusions within the caudal thoracic and cranial lumbar spine which, however, do not appear to fully explain the clinical signs in this patient.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

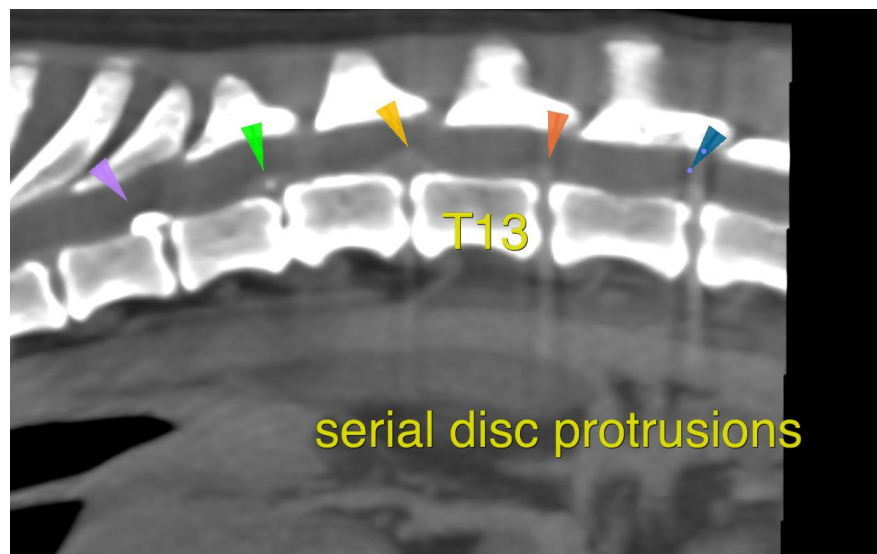
Desen Ertunc

INVOICE

59350

DATE

7-12-23





PATIENT

Lolli Pop Ow

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

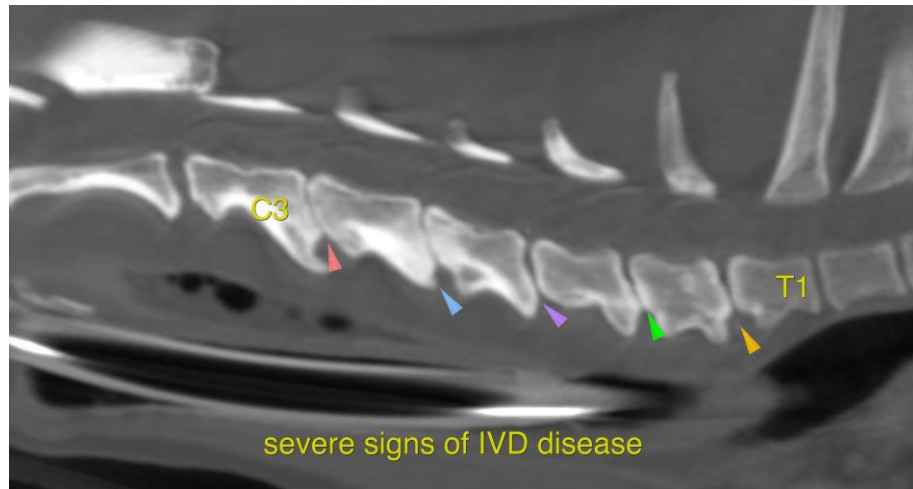
Desen Ertunc

INVOICE

59350

DATE

7-12-23



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
info@sonopath.com