



**PATIENT**

Dixie Schreck

**PRESENTING CLINICAL SIGNS**

Starting 7/5/22 walking abnormally, O believes could be back or neck pain. Yelping when moving around or playing w/ housemates.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHIC STUDY OF THE SPINE**

Plain and post contrast studies available for review.

**BREED**

Dachshund

**COMPUTED TOMOGRAPHIC FINDINGS**

Number, alignment, and general anatomy of the cervical, thoracic, and lumbar vertebrae present within normal limits. Multiple focal intervertebral disc mineralizations are noted.

**SEX**

Female Spayed

There is a partially mineralized mild intervertebral disc protrusion within the caudal lumbar spine between L5 and L6.

No other site of spinal cord compression or other structural myelopathy can be identified.

**AGE**

14 Years

The kidneys are included in the study and present multiple small cortical renal infarcts associated with concave surface retractions.

A small gallbladder calculus is seen.

**INTERPRETED BY**

Nele Eley, DVM  
Dr. med. Vet. DipECVDI

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Mild chronic intervertebral disc protrusion L5/6.
- Multifocal chondroid disc degeneration.
- Bilateral presumably degenerative nephropathy.
- Small gallbladder calculus.

**HOSPITAL NAME**

Scottsdale Veterinary  
Clinic

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No significant compressive myelopathy can be identified in the CT study of the spine. The chronic intervertebral disc protrusion L5/6 is mild and in the position with the terminal filum than in a position that would actually cause significant compression of the spinal cord, yet discogenic pain and mild intermittent pain with dynamic disc hernia cannot be ruled out entirely.

**REFERRING VET**

D'Monte

No evidence of disc hernia was seen in the cervical spine.

**INVOICE**

53005

**DATE**

7-20-22



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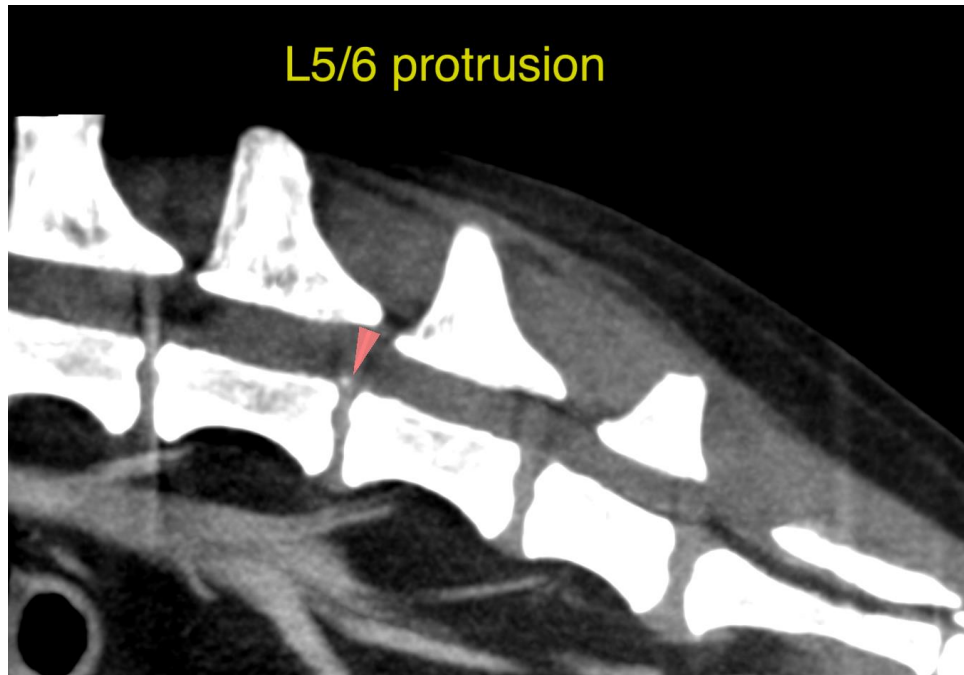
D'Monte

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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  
Nele.Eley@sonopath.com