



PATIENT

Beto Torres

PRESENTING CLINICAL SIGNS

Beto presented in July 28, 2023 with ataxia and conscious proprioceptive deficits at forelimbs. He was sent home with Gabapentin and Prednisolone. He got better, but neurological signs did not disappear completely. He started declining when Prednisolone was finished. He came back on August 4, 2023, with the same symptoms, but less severe. Owner did not had any other concerns. Abnormal PE/Chem/CBC/UA Results: Neurologic system: ataxia and decreased CP at both forelimbs, deep pain was intact in all four limbs. CBC --- unremarkable CHEM --- unremarkable

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD & NECK

BREED

Plain and post contrast studies available for review.

Yorkshire/Chihuahua
Mixed

COMPUTED TOMOGRAPHIC FINDINGS

SEX

M

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. Mild supracollicular fluid accumulation is noted.

AGE

12 Years

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

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

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. An elongated hypodense structure is seen medially within the right external auditory meatus.

HOSPITAL NAME

Veterinary Image
Center

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.

REFERRING VET

Dr. I. Miranda, DVM

The dentition is incomplete. Signs of periodontal disease and dental plaques are seen.

Neck

INVOICE

59711

Severe intervertebral disc space collapse, vertebral endplate sclerosis, and spondylosis deformans are seen between C6 and C7. There appears to be an organized partially mineralized extrusion which causes mild compression of the spinal cord.

There also is a step formation with ventral subluxation of C7.

DATE

8-15-23

The intervertebral disc space C5/6 presents mild wedge shape narrowing. There appears to be dorsal deviation of the vertebral venous plexus and dorsal longitudinal ligament secondary to herniation of isoattenuating disc material seen on the post-contrast study. The degree of ventral



PATIENT flattening and spinal cord compression appears to be mild to moderate.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

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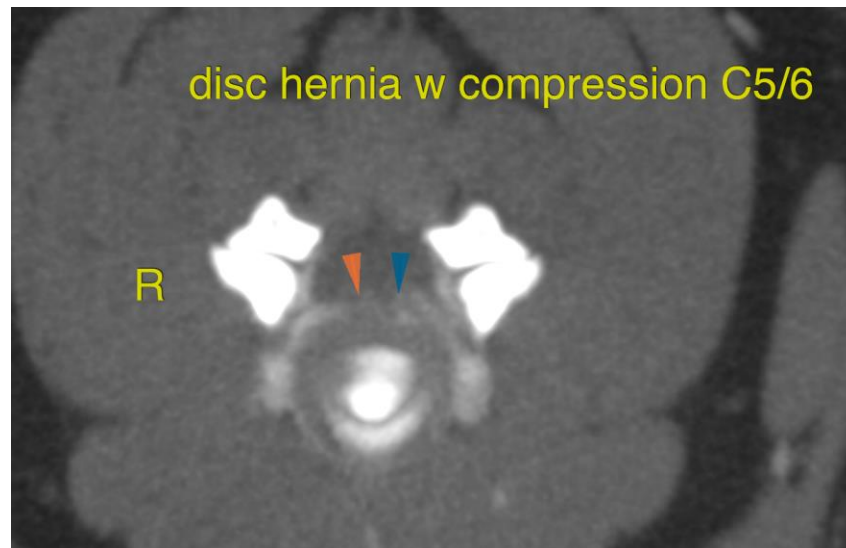
8-15-23

- Suspect acute or subacute intervertebral disc hernia with mild to moderate spinal cord compression C5/6.
- Chronic organized extrusion with intervertebral disc space collapse, spondylosis deformans, and mild compressive myelopathy C6/7.
- Mild ventral subluxation of C7.
- Mild supracolicular fluid accumulation – incidental finding.
- Incomplete dentition with periodontal disease and dental plaques.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study suggests potential for mild to moderate compressive myelopathy within the cervical spine between C5/6. Exact delineation of the isoattenuating disc hernia is not possible. Further definition by means of a CT myelogram or an MRI could be considered if indicated based on the clinical findings.

The disc hernia may be secondary to a fulcrum effect in association with the chronic intervertebral disc disease with organized extrusion and mild compressive myelopathy between C6 and C7.





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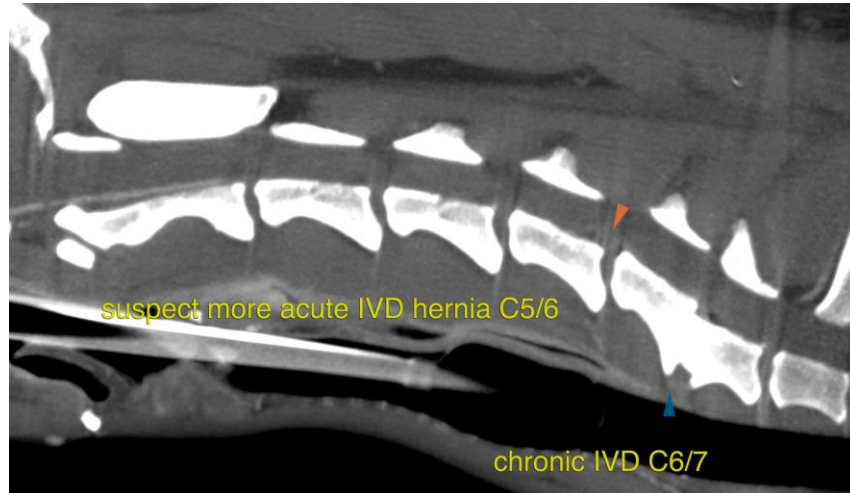
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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