



PATIENT

Chi Chi Monroy

SPECIES

Canine

BREED

Pekingese

SEX

Male

AGE

10 Years

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

REFERRING VET

McConnell

INVOICE

53223

DATE

8-2-22

PRESENTING CLINICAL SIGNS

Presented on 8/1/22 as an emergency visit for legs splaying out since pm 7/31/22. rDVM at Demarest AH. Has been on carprofen PRN for lower spine issues. Tried rimadyl pm before and am of presentation, did not help. Also noted stomach was distended. Cervical Spine issue- Radiology consult= C4-C5, T9-T10 and L4-L5 IVDDz; T13-L1 and L4-L5 mineralized IVD extrusions Tetraparetic Improved since on pain meds- able to get up and ambulate weakly this am Constipated- responded to pet enema

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Plain study of the cervical, thoracic, and lumbar spine in soft tissue and bone windows available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral count is normal in this patient.

Moderate protrusion of the lumbosacral intervertebral disc is noted.

A moderately compressive partially mineralized extrusion of intervertebral disc material is seen within the lumbar spine between L4 and L5. The material appears to be well delineated and "organized". Most of the material is situated over the intervertebral disc space to the left of the midline. Moderate rightward deviation and compression of the spinal cord are seen.

Moderate to severe extrusion of intervertebral disc material into the ventral epidural space is seen between T13 and L1. Severe dorsal deviation and compression of the spinal cord is noted. The material is situated symmetrically within the ventral epidural space. Mild intervertebral disc space narrowing is noted.

There is a mild to moderate extrusion of faintly hyperattenuating material between T12 and T13. Moderate dorsal deviation and compression of the spinal cord are noted. The material is slightly to the right of the midline.

Mild herniation of disc material is noted between T11/12, T9/10, and T8/9 respectively. The degree of spinal cord compression appears to be minor.

The intervertebral disc space C4/5 is reduced in width. I do have the impression of presence of faintly hyperattenuating extrusion into the ventral epidural space between C4 and C5; however, the attenuation of the extruded material appears to be almost the same as the spinal cord and dural tube and the degree of spinal cord compression cannot be determined.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect acute compressive intervertebral disc extrusion between C4 and C5.
- Presumably chronic intervertebral disc extrusions with moderate compressive myelopathy between T13/L1, L4/5, and T12/13.
- Mild disc hernia T11/12, T8/9, and T9/10.
- Moderate lumbosacral intervertebral disc protrusion.



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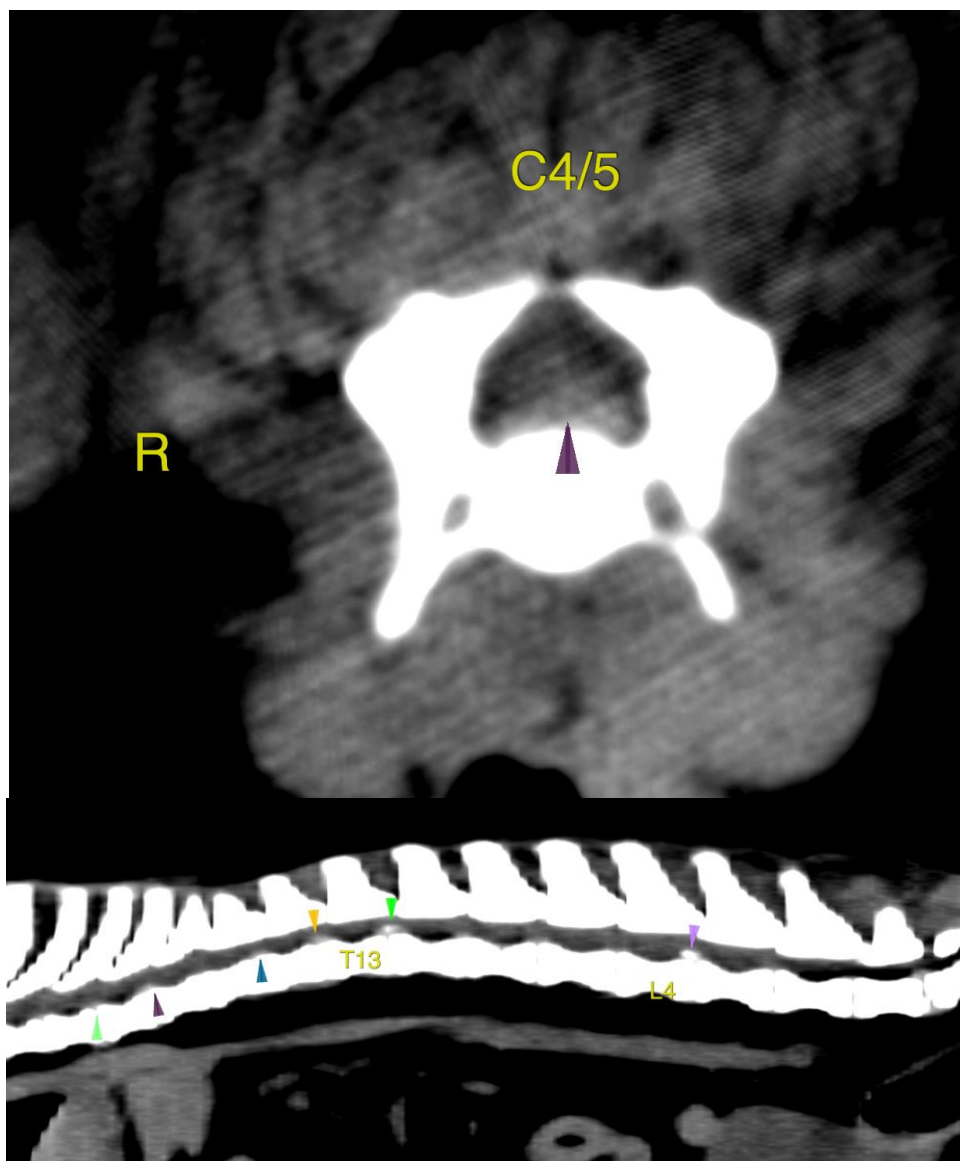
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Moderate to severe compression of the spinal cord is seen at L4/5 and T13/L1. Moderate compression is also present between T12 and T13. However, based on the CT appearance, these extrusions may well represent subacute or chronic events. I do have the impression of an acute extrusion within the cervical spine between C4 and C5.

Further verification and delineation of the presumed compressive myelopathy within the cervical spine by means of a CT myelogram (or MRI) could be considered.





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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.

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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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