



PATIENT PRESENTING CLINICAL SIGNS

Cruz Dyer
SPECIES Canine
BREED American Staffordshire Terrier

Not able to walk properly on hindlegs - progressively getting worse Treated at another vet for constipation a few weeks ago and had signs then but definitely worse now EDDU ok otherwise On physical exam walking weakly on both hindlegs - ataxia mainly in both hindlegs Proprioception normal in forelimbs, possible slight delay in both hindlegs walking with a crouched stance no palpable stifle effusion, no pain with stifle or hip manipulation, no cranial drawer Looks more like a neurologic lameness - more so in RHL. patella reflexes reduced to absent in RHL, withdrawl very weak patella reflexes slightly reduced in LHL, withdrawl weak normal Panniculus reflex reduced near sacrum and weaker on RHS when compared to LHS Suspect lesion caudal to L3 likely affecting RHS more than LHS

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Plain study and myelogram with lumbar puncture in soft tissue and bone windows are available for review. A canalogram is seen.

SEX COMPUTED TOMOGRAPHIC FINDINGS

Male
AGE n/a

Moderate degenerative lumbosacral stenosis with moderate lumbosacral disc protrusion, spondylosis deformans, and vacuum phenomenon are noted. Bilateral narrowing of the lumbosacral neuroforamina is seen, L>R, secondary to the disc protrusion and new bone formation.

The left L7 nerve root presents moderate generalized thickening.

INTERPRETED BY The right L6 nerve root presents moderate generalized thickening.

Nele Eley, DVM
 Dr. med. Vet. DipECVDI

Mild generalized thickening is noted for the left L6 and right L7 nerve roots.

Mild chronic intervertebral disc protrusions are seen between T12/13 and T13/L1 as well as between T9 and T10.

HOSPITAL NAME

Colyton Veterinary Hospital

Number, alignment, and general anatomy of the cervical vertebrae, spinal cord, and subarachnoid space present within normal limits within the cervical spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- REFERRING VET** Chris Papantonio
- Moderate degenerative lumbosacral and bilateral lumbosacral neuroforaminal stenosis.
 - Multiple generalized mild to moderate nerve root thickening of the cauda equina nerves accentuating L7 left hand sided and L6 right hand sided.
 - Mild chronic intervertebral disc protrusions T9/10, T12/13, and T13/L1.

INVOICE INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

59909

DATE 8-24-23

The CT study reveals moderate degenerative lumbosacral stenosis with bilateral neuroforaminal stenosis. The multiple generalized cauda equina nerve root thickening appears to extend further cranial than the actual stenosis and can be observed throughout the L5/6 and L7 vertebrae. The L7 nerve root appears to be more affected on the left and the L6 nerve root more on the right side. However, overall, multiple cauda equina nerve root thickening is noted. Differential diagnosis includes neuritis of the lumbosacral plexus and less likely infiltrative disease such as



PATIENT

with round cells.

Cruz Dyer

It remains unclear whether the lumbosacral stenosis justifies the rather generalized and extensive nerve root thickening.

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Hospital

REFERRING VET

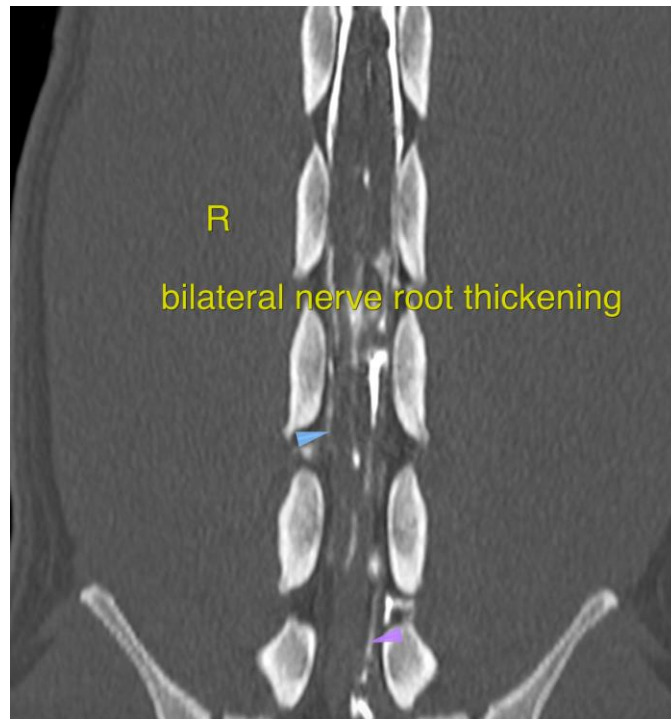
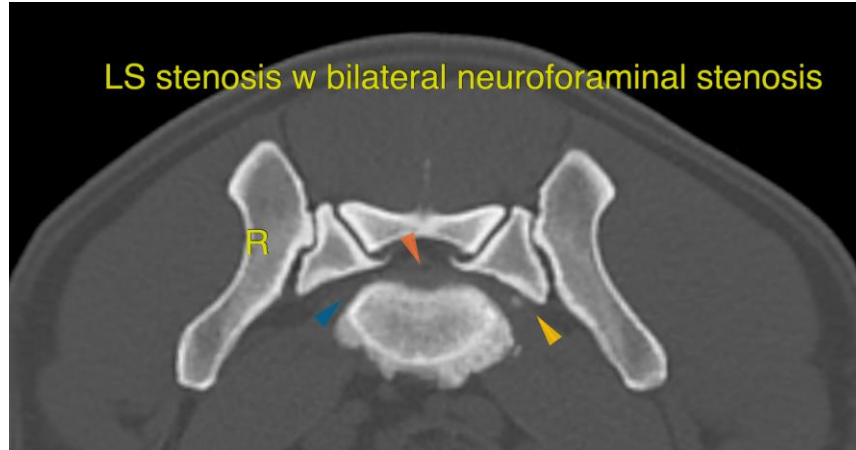
Chris Papantonio

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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.

SPECIES

Canine

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.

BREED

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Staffordshire Terrier

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