



PATIENT

Oscar Edgecombe

PRESENTING CLINICAL SIGNS

Pain in sacrum area, yelps when touched, cant lift leg to urinate

SPECIES

Canine

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBOSACRAL SPINE

Plain study and myelogram in soft tissue and bone windows with the lumbosacral junction in a flexed position available for review.

BREED

Labrador

COMPUTED TOMOGRAPHIC FINDINGS

The patient has an asymmetric thoracolumbar transitional vertebra with a left sided vestigial rib which is counted as the 1st lumbar vertebra.

SEX

Neutered Male

Mild to moderate protrusion of the lumbosacral intervertebral disc is seen with a vacuum phenomenon and a moderate amount of smooth new bone formation accentuating the ventral aspect of the vertebral end plates. There appears to be bilateral neuroforaminal stenosis. Dorsoventral flattening of the neuroforaminal area is more pronounced on the left when compared with the right side.

AGE

10 Years

Moderate to severe hypertrophic spondyloarthropathy is seen between L2/3 and L3/4 accentuating the left vertebral facet joint L3/4.

Mild right sided lateralized spondylosis deformans is noted between L4 and L5.

INTERPRETED BY

Nele Eley, DVM
Dr. med. Vet. DipECVDI

Left sided moderate lateralized spondylosis deformans is seen between L3 and L4.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate degenerative lumbosacral stenosis with bilateral neuroforaminal stenosis – left more than right.
- Multiple hypertrophic degenerative spondyloarthropathy within the mid lumbar spine L2/3 & L3/4
- Spondyloses L3/4, L4/5, and L7/S1
- Congenital asymmetric lumbosacral transitional vertebra – incidental finding.

HOSPITAL NAME

Adelaide Plains
Veterinary Surgery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals mild to moderate lumbosacral intervertebral disc protrusion. Bilateral neuroforaminal stenosis is noted and appears to be more pronounced in the left when compared with the right side.

REFERRING VET

Emily Klopp

INVOICE

54124

Note that the flexed position of the lumbosacral junction may diminish the appearance of the protrusion and a more severe protrusion is present supposedly with dynamic flexion and extension of the lumbosacral junction during locomotion.

DATE

9-19-22



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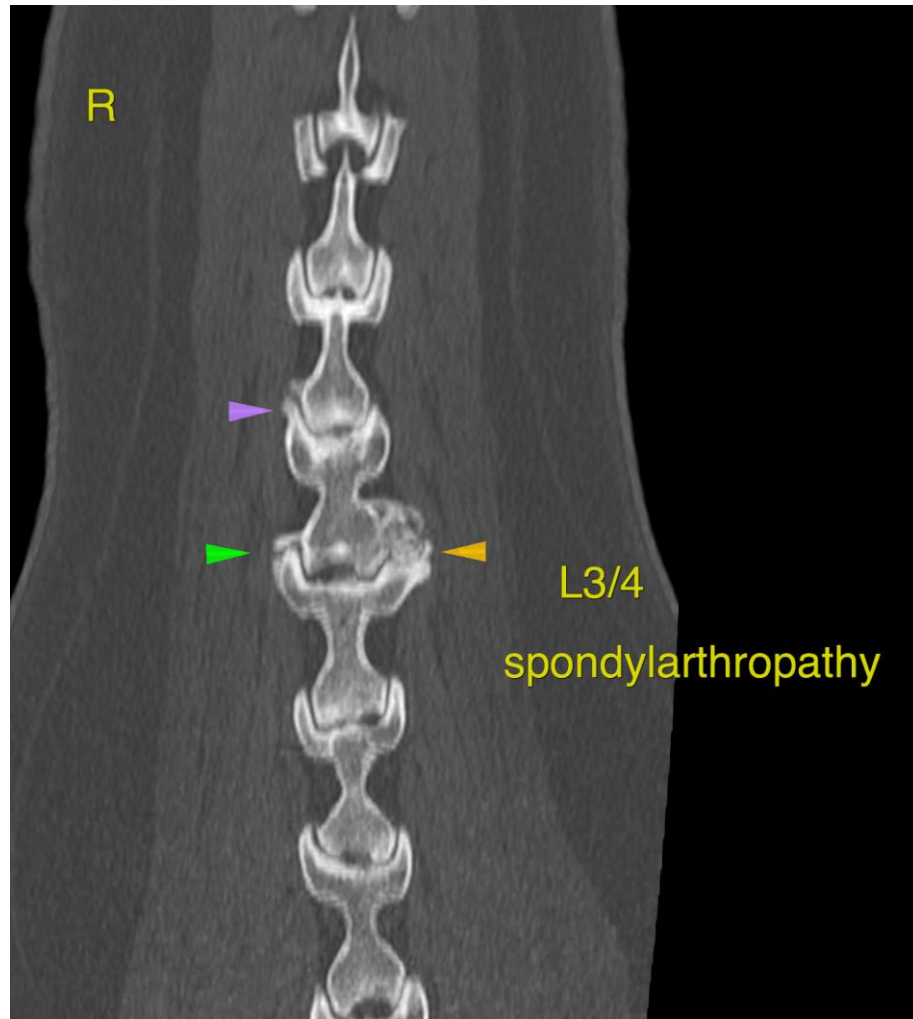
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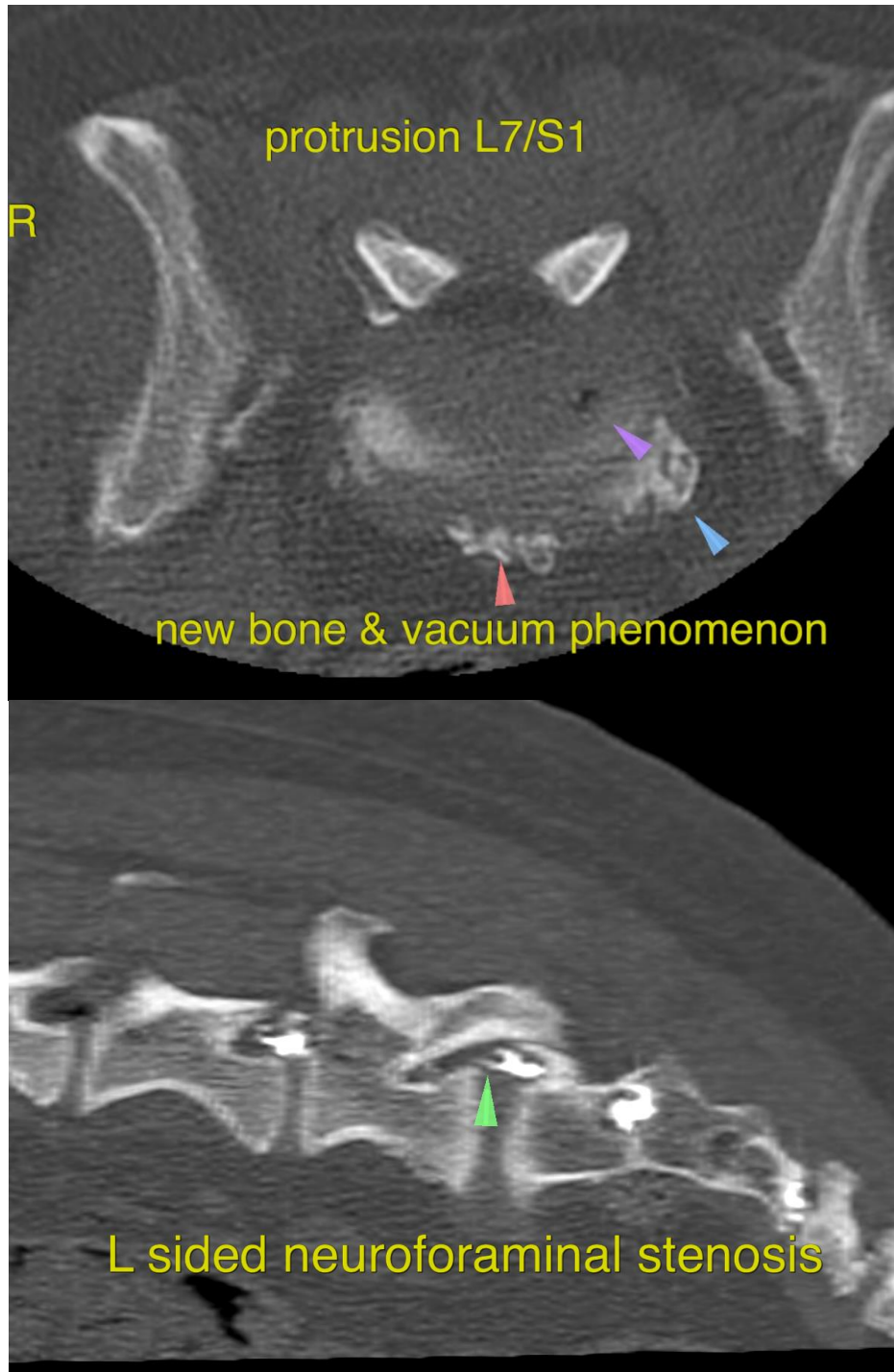
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

SPECIES

Canine

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