



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Brady Vincenty  
**SPECIES** Canine  
**BREED** Mixed Medium Breed  
**SEX** Spayed Female  
**AGE** 5 Years

History: Patient was presented for evaluation of lethargy and inappetence. Did not eat yesterday night and this morning. He is not interested in his treats. Limp on right hind limb when going up and down stairs; he takes them slowly. Does not have vomiting or diarrhea. There has not been a change in his diet. Does not have coughing or sneezing. Has been panting/open mouth breathing. He is on vetmedin and enalapril. mild calculus. worn down left maxillary canine painful upon abdominal and spinal/pelvic palpation grade IV/VI heart murmur CBC - WNLchemistry - decreased ALP 15, decreased amylase 451 radiographs - mineralized disk between L1-L2 and L5-L6. mild spondylosis at thoracic vertebra.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

**COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC SPINE & LUMBAR SPINE**

The vertebral body Th13 shows a unilateral rib on the left side. There are multiple calcified nuclei detected (Th10/11, L1/2, L5/6), each without relevant protrusion/herniation of the discs.

At the level of L2/3 a severe, calcified disc herniation is noted with the herniated material at the level of the disc space and caudal to that causing severe, right sided and dorsal compression of the spinal cord.

At L7/S1 a moderate and medial, broad-based disc protrusion is recognized leading to dorsal elevation of the cauda fibers which are clearly defined with residual surrounding fat tissue.

**INTERPRETED BY**

Sebastian Jawinski,  
 German Board  
 Certified Vet Specialist  
 in Diagnostic Imaging

Vertebral bodies are of regular density without signs of a lytic or sclerotic process. There is no evidence of a fracture and/or sub-/luxation.

Paravertebral soft tissues are bilaterally symmetrical, especially the course of the femoral and sciatic nerves is inconspicuous.

**HOSPITAL NAME**

Veterinary Image  
 Center

The urinary bladder is highly filled. The cranial tip of the spleen presents hyperdense rounded areas an incidental finding (likely nodular hyperplasia/extramedullary hematopoiesis).

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

**REFERRING VET**

Dr. M.Martes, DVM

- Severe, calcified disc herniation L2/3 with severe compression of the spinal cord
- Moderate disc protrusion L7/S1 with dorsal elevation of the equine cauda
- Multiple calcified nuclei
- Thoracolumbar transitional vertebral body Th13

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**DATE**

10/5/21

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



**PATIENT**

Brady Vincenty

CT findings represent an acute disc herniation at the level of L2/3 with significant spinal cord compression. This finding must be correlated with the clinical presentation. However, decompressive surgery is recommended from a CT perspective (hemilaminectomy L2/3 with an approach from the right and caudal orientation). The protrusion at L7/S1 can be temporary compressive under dynamic circumstances.

**SPECIES**

Canine

The multiple calcified discs currently show no further compression but could lead to a limited prognosis.

**BREED**

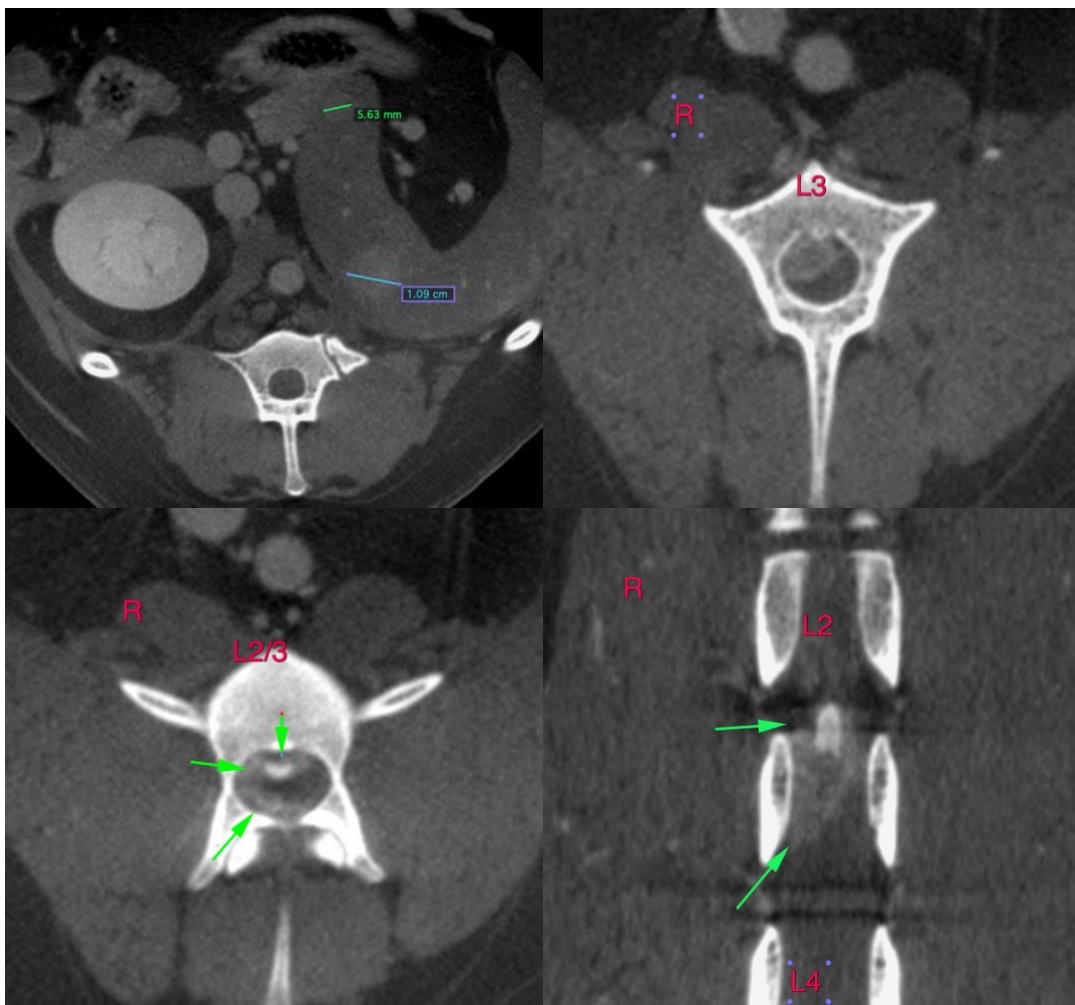
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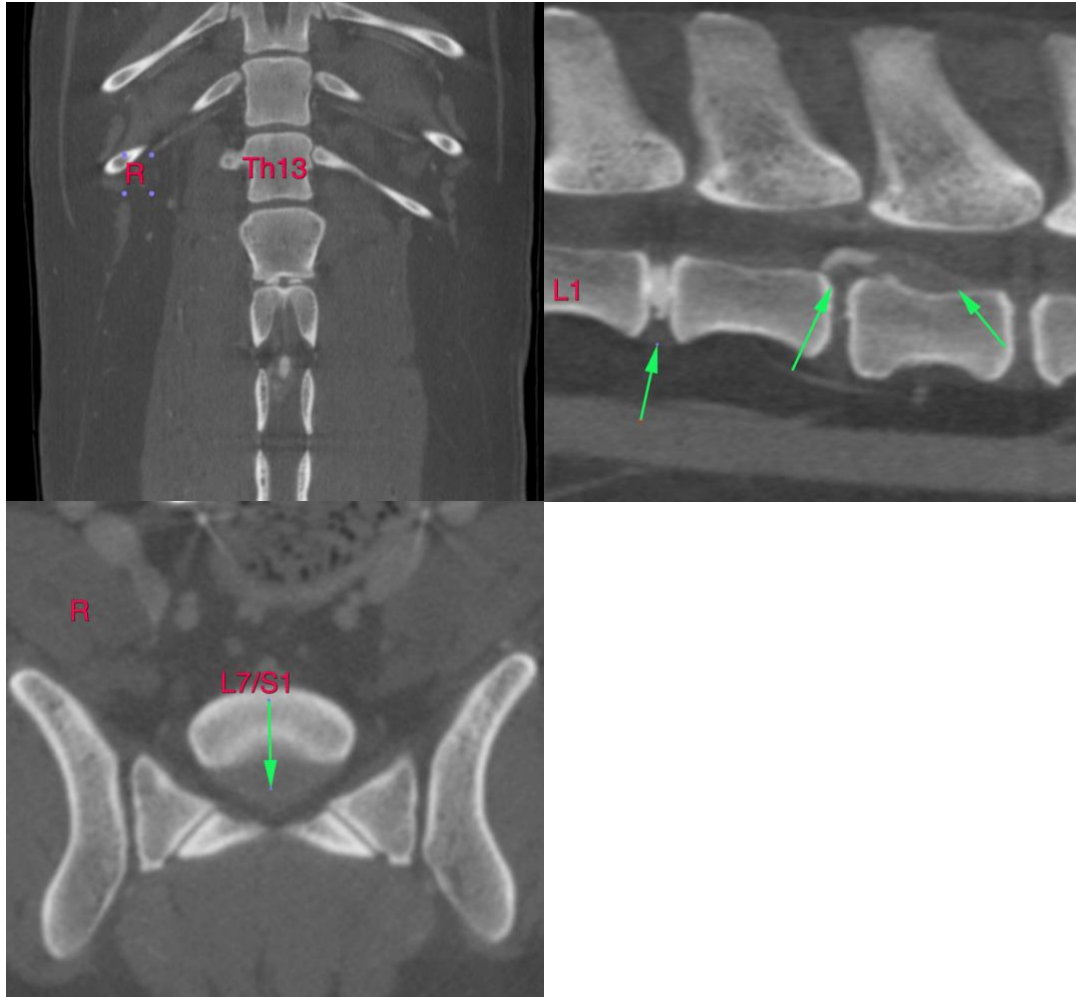
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging  
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