



PATIENT

Sophie Mason

SPECIES

Canine

BREED

Staffordshire Bull
Terrier

SEX

Female

AGE

13

WEIGHT

30kg

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Chris Papantonio

HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Chris Papantonio

INVOICE

72534

DATE

11-6-25

PRESENTING CLINICAL SIGNS

Over the last few weeks owner has noticed hindlimb ataxia and weakness. He has noticed her start to drag her back legs and knuckling with uneven nail wear. On exam the two middle toes on both legs are worn down. There is bilateral proprioception deficits in both hindlegs. Very weak withdrawl reflex No patella reflexes in both hindlegs. Some muscle wastage. No overt head tilt, cranial nerves appear fine. Both thoracic limbs were normal. No obvious spinal pain. Neurolocalisation - Suspect lesion caudal to L4

COMPUTED TOMOGRAPHIC FINDINGS

Spine

The displaced spine shows severe degenerative findings with formation of ventral spondylosis in the course of the lumbar spine and multiple disc protrusions in the thoracolumbar transition, the lumbar spine and the lumbosacral transition. There are mild to moderate protrusions noted at the level of TH13-L1, L1-2, L2-3, and L3-4, as well as L6-7 and L7-S1, each of them touching the spinal cord and the cauda fibers ventrally with mild to moderate compression. The discs L1-2, Th13-L1 and L7/S1 need to be highlighted and present moderate protrusions with moderate compression.

Pelvis

Signs of an aggressive lesion at the level of the bony structures are not noted. The sacroiliac joints, both coxo-femoral joints and both stifles present moderate to severe osteoarthritis with marked osteophytic reactions at all joint levels. The paraspinal soft tissues are inconspicuous.

There is severe enlargement of both adrenal glands noted with the left one showing a diameter of 6.0 x 2.7 cm, presenting well-defined margins and a mildly inhomogeneous contrast uptake. The periphery is inconspicuous on both sides. Vascular invasion is not evident. There is subjective enlargement of the liver noted with rounded margins, but without nodular changes. The spleen presents mild inhomogeneous contrast uptakes without nodular lesions and/or a mass effect. All other abdominal organs appear inconspicuous.

The caudal mammary complex on the right side presents a bump which appears ill-defined and shows a heterogeneous density with a correspondent enlarged external inguinal lymph node and a moderately enlarged medial inguinal lymph node at the level of the aortic trifurcation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple disc protrusions with mild to moderate compression of the spinal cord and cauda fibers, see above
- Bilateral severe enlargement adrenal glands
- Suspected mammary tumor on the right side with secondary enlargement tributary lymph nodes
- Severe osteoarthritis sacroiliac joints and both stifles
- Mild osteoarthritis coxo-femoral joints



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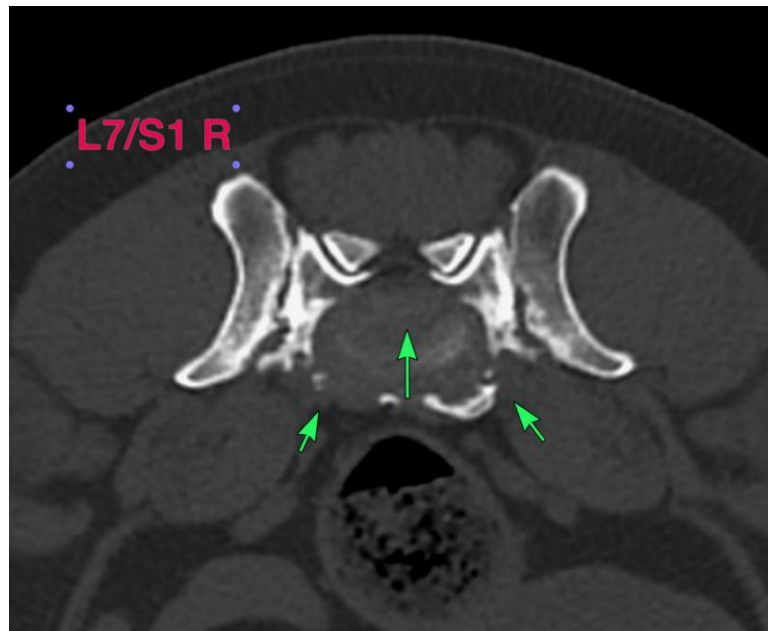
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The multiple disc protrusions and compressions of the spinal cord/cauda fibers can explain the reported patient's history. It is difficult to determine if one protrusion or many of them cause the clinical deficits, since the grade of compression seen with CT is not compellingly correlating with the clinical relevance. With that, a clear indication for surgery cannot be given. Higher grades of compression are possible under dynamic conditions.

The lesions of the adrenal glands could represent malignant neoplasia as seen with adenocarcinoma or pheochromocytoma. Age-related changes as seen with myelolipoma are also possible. I would favor the latter. Currently, there is no vascular invasion noted. The enlargement of the liver may be an age-related finding as well and is commonly seen with chronic hepatitis and lipidosis (r/o hyperadrenocorticism). The swelling of the caudal mammary complex on the right side is unspecific from a CT perspective. The ill-defined margins and the enlargement of the tributary lymph node indicate malignant neoplasia seen with adenocarcinoma.





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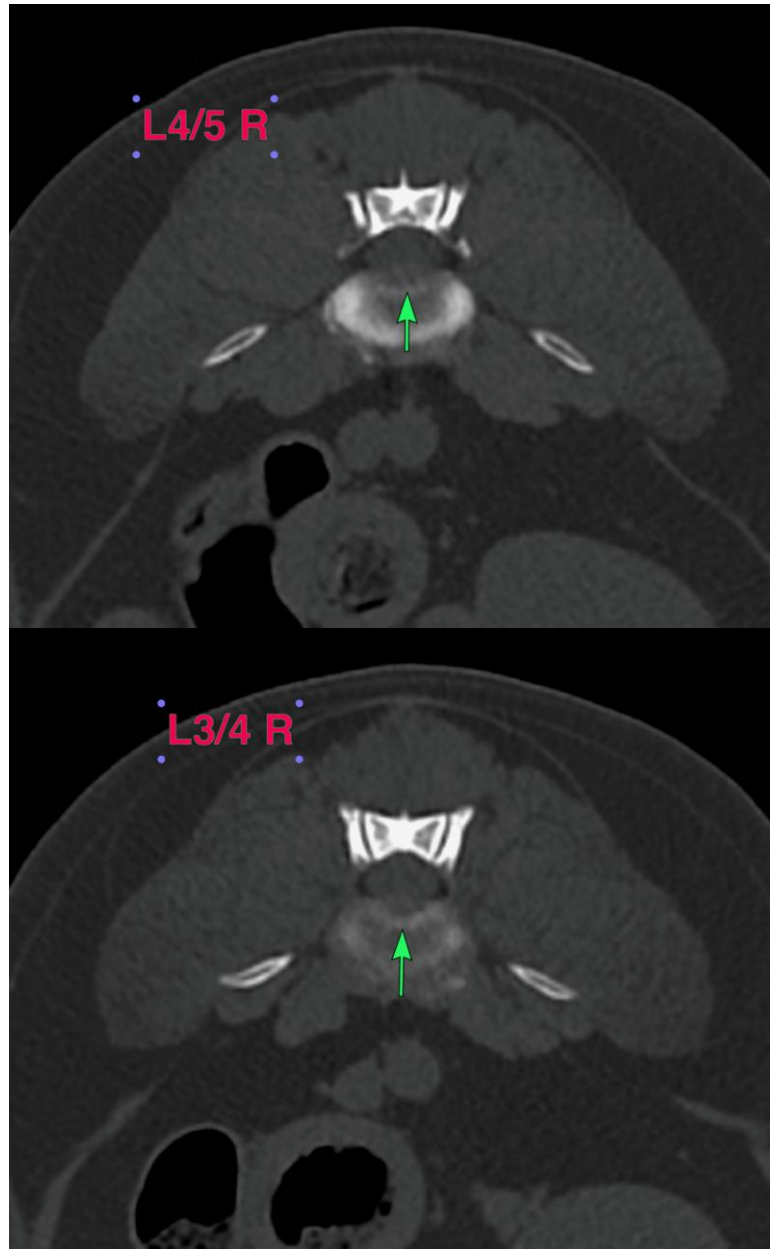
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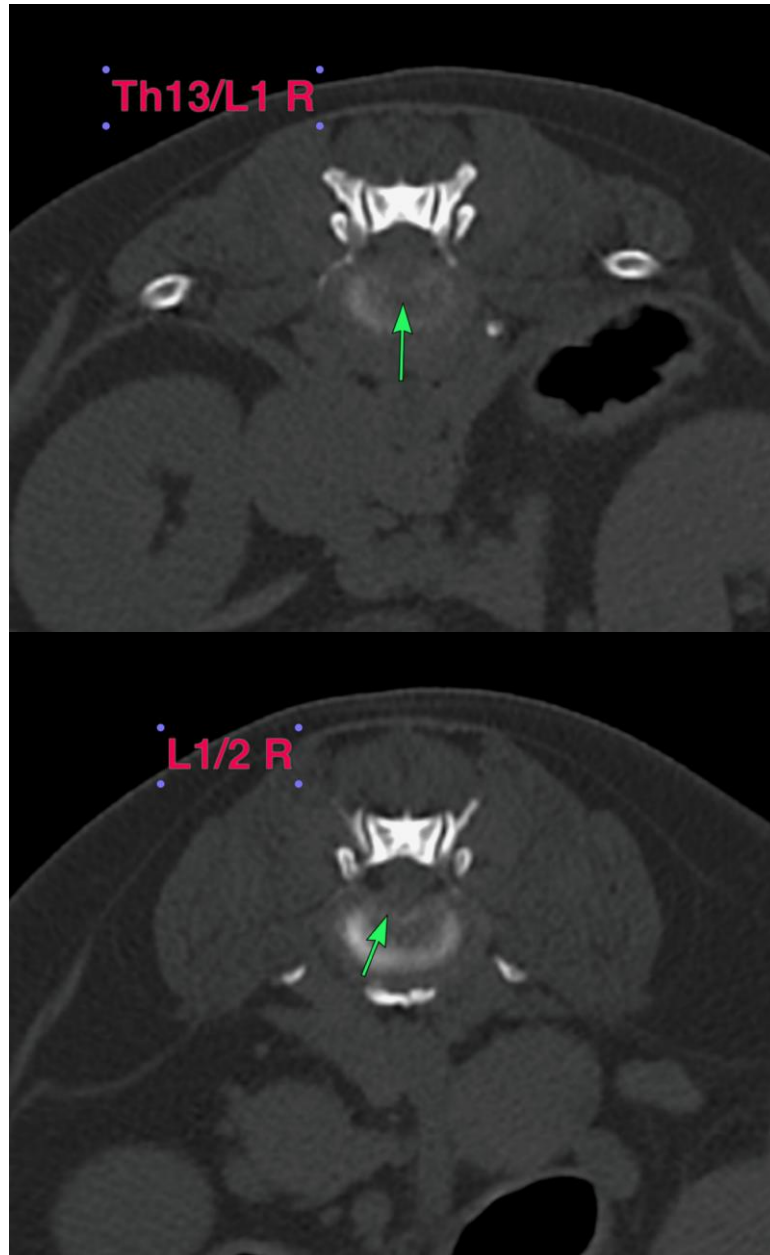
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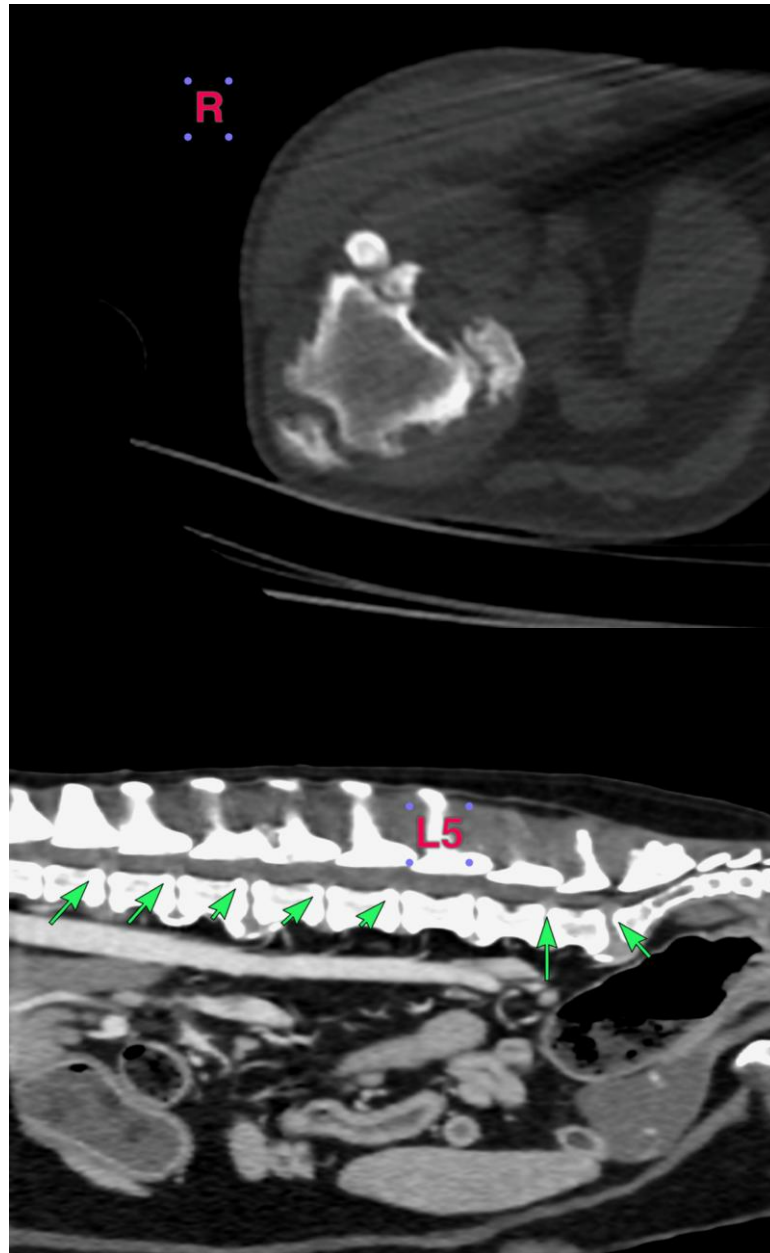
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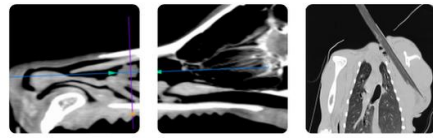
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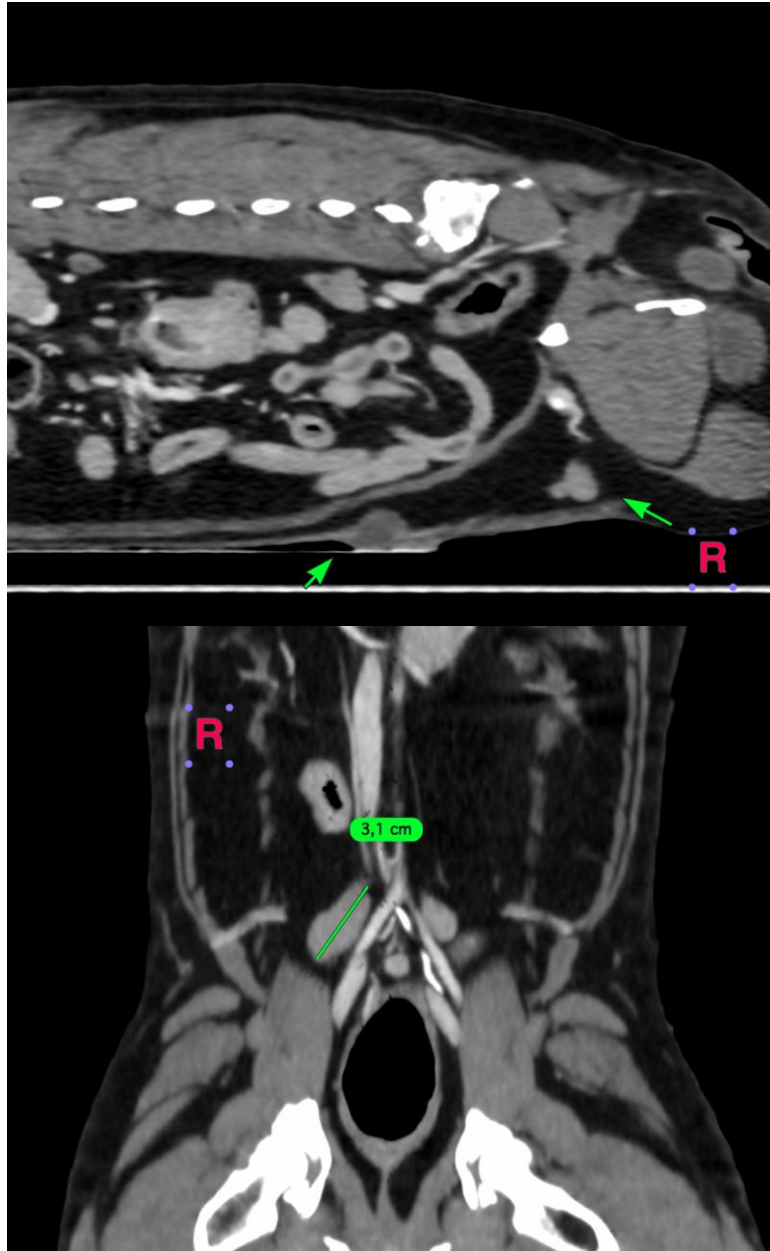
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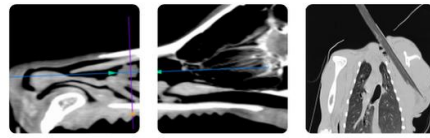
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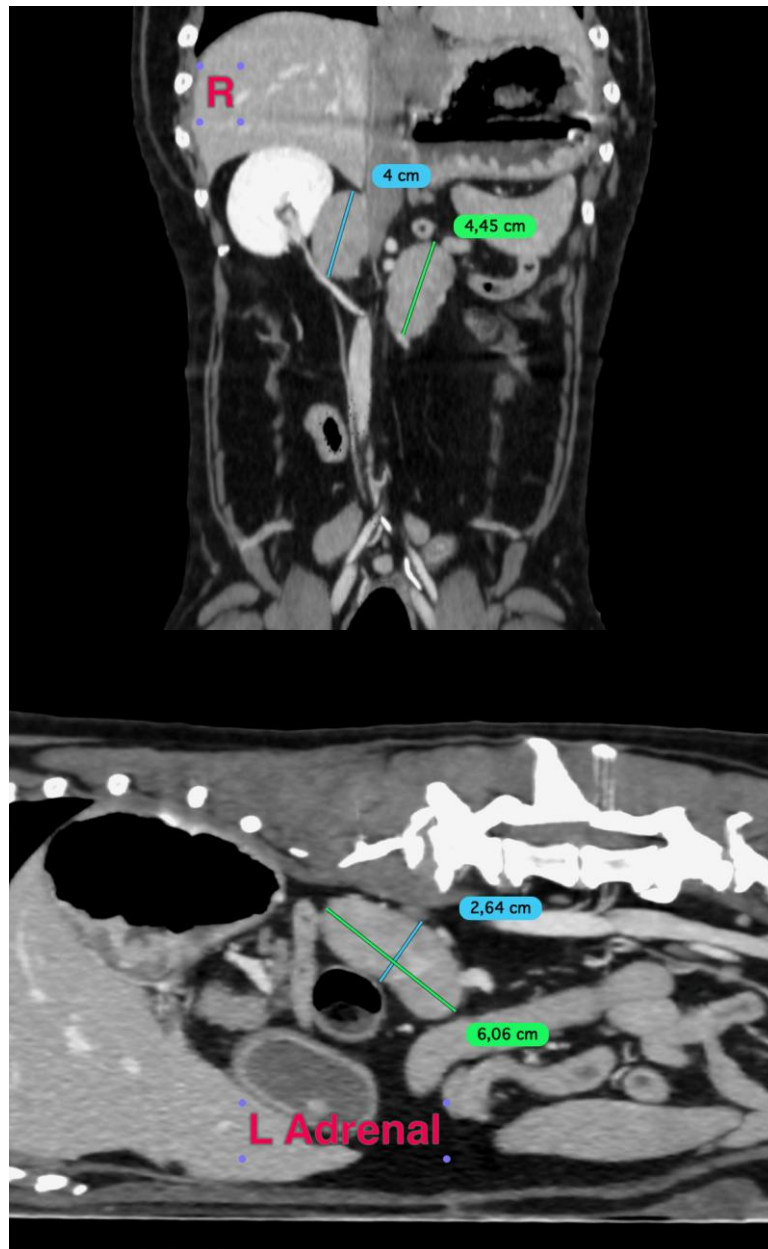
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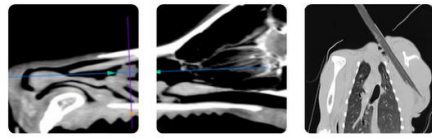
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
info@sonopath.com