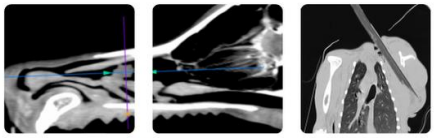

PATIENT

Gibby Zummo

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

9

WEIGHT

46

INTERPRETED BY

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

74117

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PRESENTING CLINICAL SIGNS

paraparesis, CP deficits on both hind limbs. positive motor function and deep pain on both hind limbs. UMN patella reflex, no back pain was noted. thoracic limbs were normal, right side facial nerve paralysis

COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE

CT-myelogram (epidurography) provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The spine presents mild degenerative changes and a harmonic course with an inconspicuous density of the vertebral bodies.

At the level of C6-7, a calcified and mild disc protrusion is noted, leading to a mild dorsal elevation of the spinal cord.

At the level of TH12-13, mineralized material is noted in the right lateral spinal canal associated with the intervertebral disc. A relevant compression is not recognized.

The lumbar spine shows a moderate disc protrusion at the level of L5-6 und L7-S1 leading to a dorsal elevation of the equine cauda. The protrusion L7-S1 is located medially and appears broad-based.

Signs of an aggressive bone lesion are not noted. The paraspinal soft tissues are inconspicuous.

There is a large lipoma-like mass recognized in the subcutaneous region of the right chest.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate disc protrusions L5-6 and L7-S1 with dorsal elevation of the cauda fibers
- Right lateral, calcified disc protrusion TH12-13
- Mild and calcified disc protrusion C6-7
- Large lipoma right thoracic wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT shows multiple disc protrusions. The protrusion at the level of L5-6 needs to be highlighted from CT perspective. The multiple findings of the spine, however, make it difficult to determine which of these is more clinically relevant. The grade of compression as seen with CT is not compellingly the most relevant clinical finding. Furthermore, acute herniations as seen with ANNPE or HPNE /intramedullary lesions are difficult to recognize or even cannot be noted with CT. These are still potential differentials.

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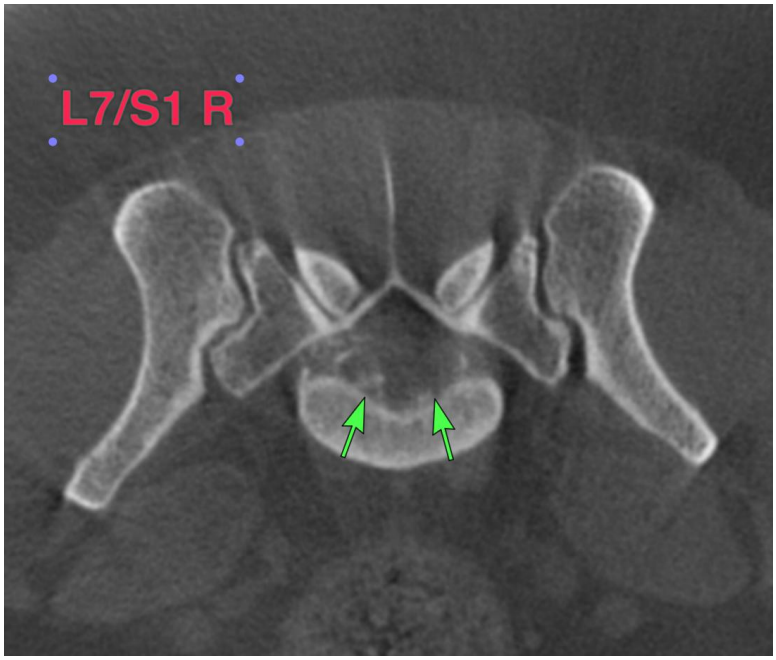

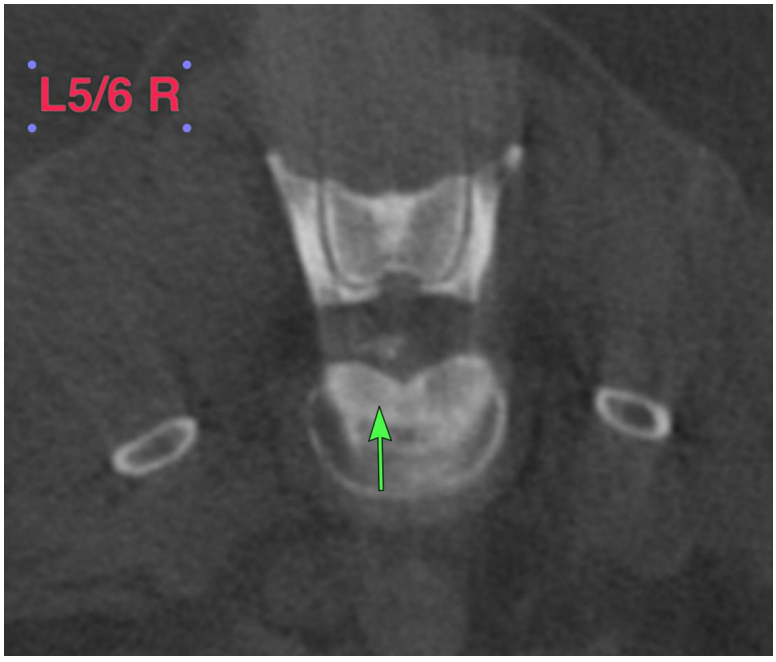

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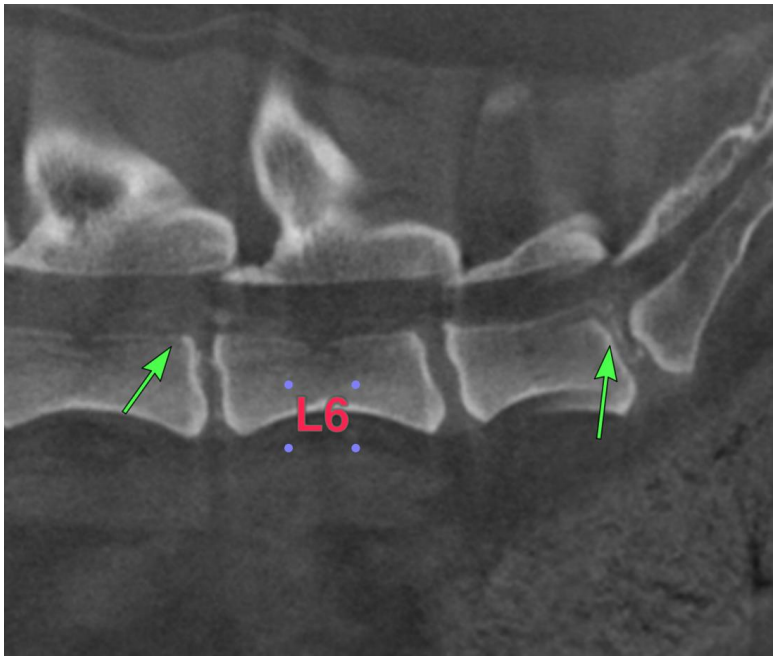

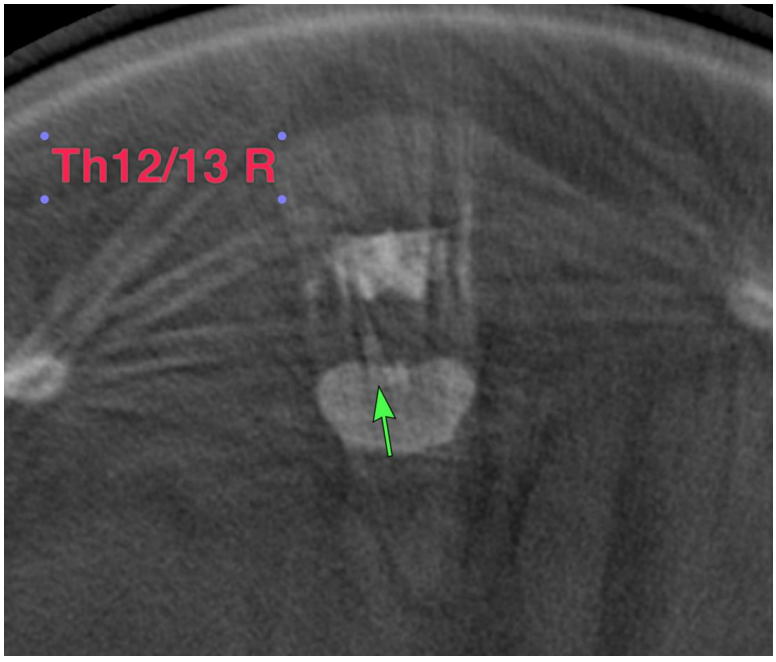

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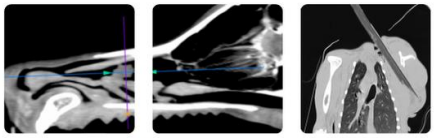

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Educational Teleconsultation Services™

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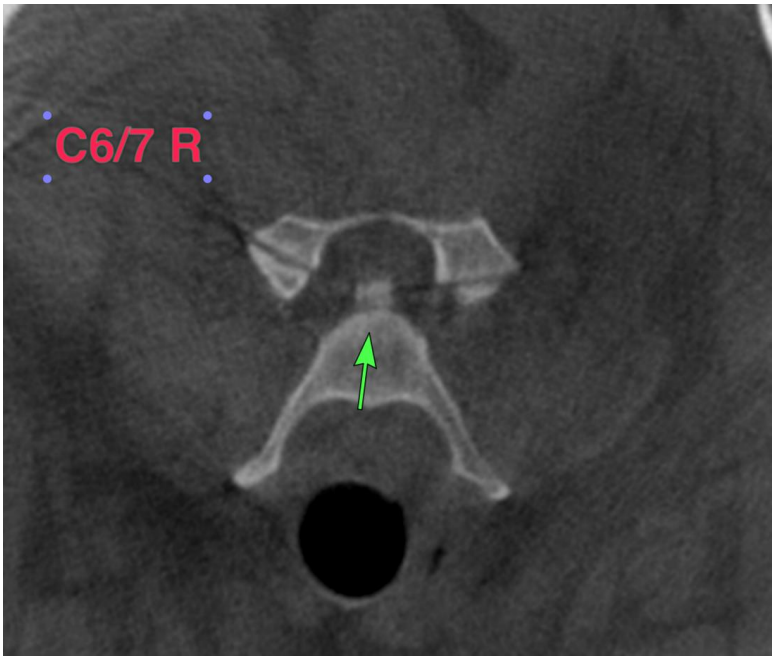

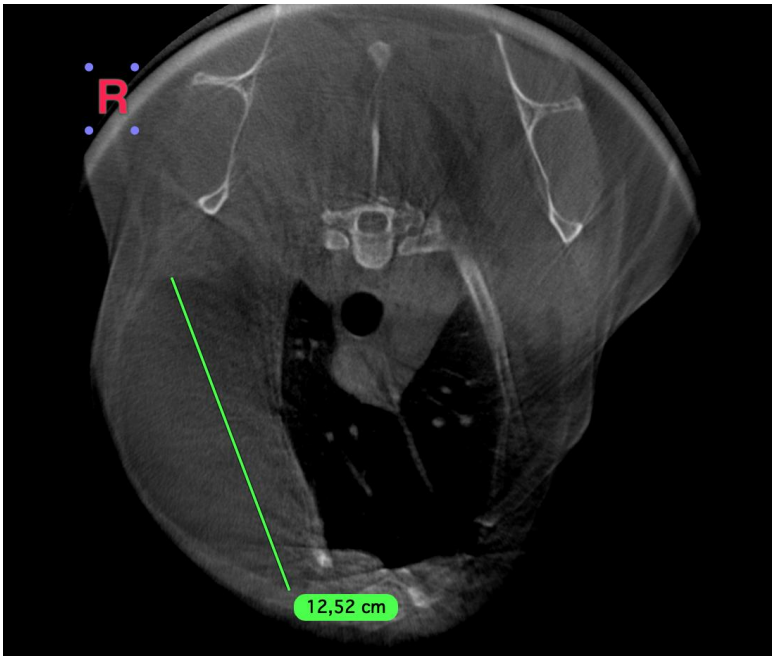

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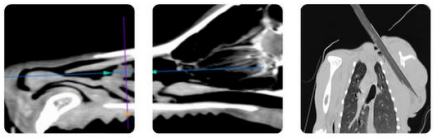

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com