



## PATIENT

Tito Guevarez

## SPECIES

Canine

## BREED

Mixed Medium Breed

## SEX

MN

## AGE

8Y

## WEIGHT

42.2lbs

## INTERPRETED BY

Sebastian Jawinski,  
German Board  
Certified Vet Specialist  
in Diagnostic Imaging

## IMAGING PERFORMED BY

Alondra Aviles Lopez  
VT

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dra. Davila, DVM

## INVOICE

74228

## DATE

3-17-26

## PRESENTING CLINICAL SIGNS

- Deep pain present in both rear legs but unable to stand up. Paraplegia. Spine looks unremarkable. L femoral head is out of pocket (congenital dz since birth). Tx Prednisone 10 mg, Methocarbamol 500 mg, Gabapentin 100 mg, Famotidine 20mg

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: ALKP 20 (23-212)

## COMPUTED TOMOGRAPHY OF THE SPINE

Pre/post contrast studies are provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

The spine shows a harmonic course with mild hypodense lesions within the vertebral bodies, see for example Th13. An osteolytic process, fracture or subluxation are not recognized. There are multiple calcified nuclei noted.

The bony spinal canal in the lumbar course appears narrowed at multiple levels, see for example L3-4.

In addition to that, a severe and calcified disc herniation is noted at the level of Th13-L1 with the material expanding cranially on the right side, leading to a severe compression of the spinal cord.

Another moderate disc herniation is recognized at the level of L2-3, again with cranial displacement of the herniated material on the right side. Th13-L1 and L2-3 each show a nuclear vacuum phenomenon.

The lumbosacral transition is inconspicuous. The paraspinal soft tissues are inconspicuous. A pathologic enhancement is not noted.

The displayed parts of the pelvis present normal bony structures with a cranial luxation of the femoral head on the left side and moderate osteoarthritis of the right coxofemoral joint. Unilateral atrophy of the thigh musculature on the left side is recognized.

There is a splenic, mass-like lesion noted as an incidental finding showing an irregular contrast enhancement and a subtle mass effect. Preperitoneal fluid is not noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe disc herniation TH13-L1 with severe spinal cord compression
- Moderate disc herniation L2-3 with moderate spinal cord compression
- Narrowed lumbar spinal canal
- Moderate degenerative changes spine at multiple locations
- Luxation left coxofemoral joint
- Moderate osteoarthritis right coxofemoral joint
- Mass-like lesion spleen, currently 1.4 cm



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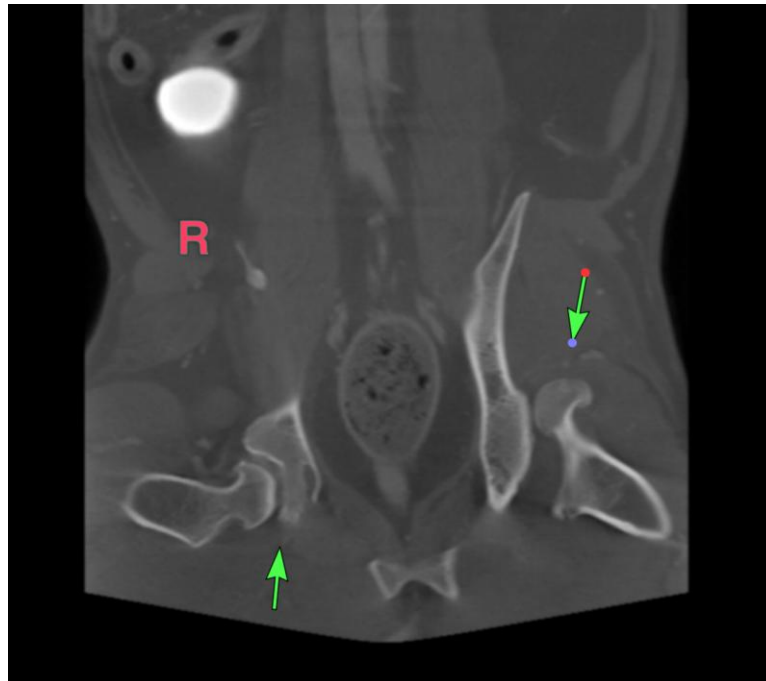
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT findings show at least 2 disc herniations with moderate to severe compression of the spinal cord at the level of TH13-L1 and L2-3. These sum up with the narrowed bony spinal canal in the lumbar course and the multiple degenerative changes of the spine as well as with the orthopedic issues of both coxofemoral joints.

In case of surgery (hemilaminectomy with approach from the right), the wide and cranial distribution of the herniated material needs to be highlighted, which reaches the cranial TH13 (at Th13/L1) and L2 (at L2-3).

With multiple findings, it is difficult to determine which of these is more clinically relevant. I fear there is a reduced prognosis from a CT perspective and favor a conservative approach.

The splenic lesion is an unspecific finding and could represent a degenerative or regenerative nodule as seen with nodular hypoplasia or hemangioma but also could show a malignant tumor as seen with hemangiosarcoma. Regular ultrasonographic follow-ups or FNA could be performed for further assessment.





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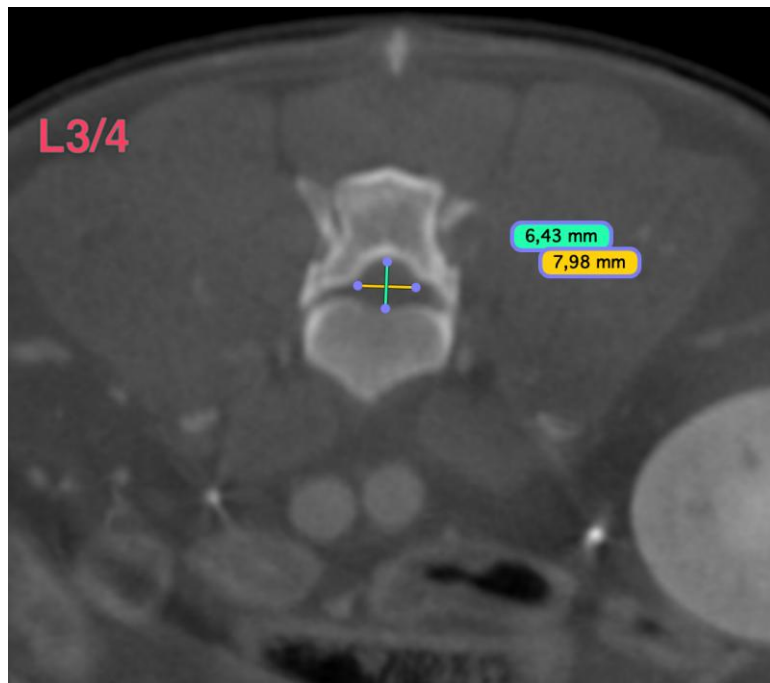
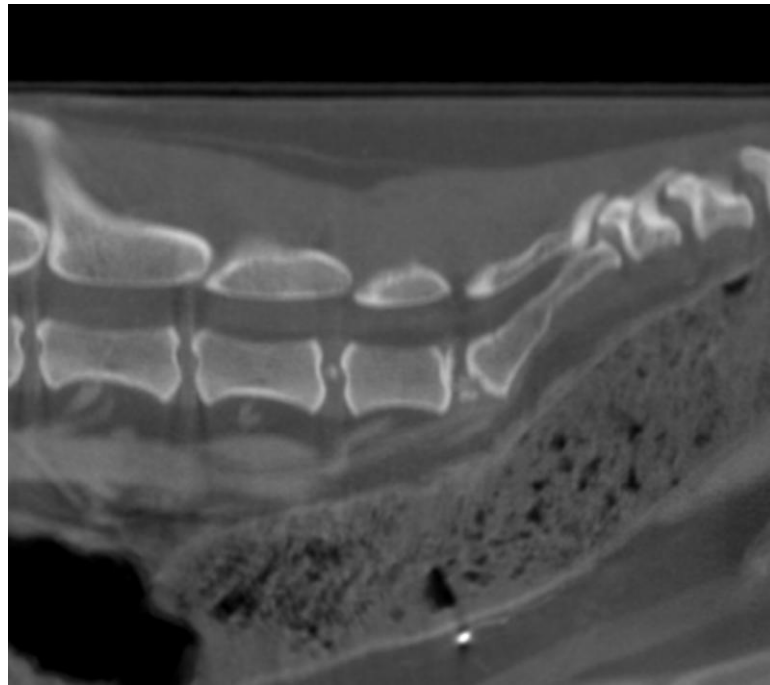
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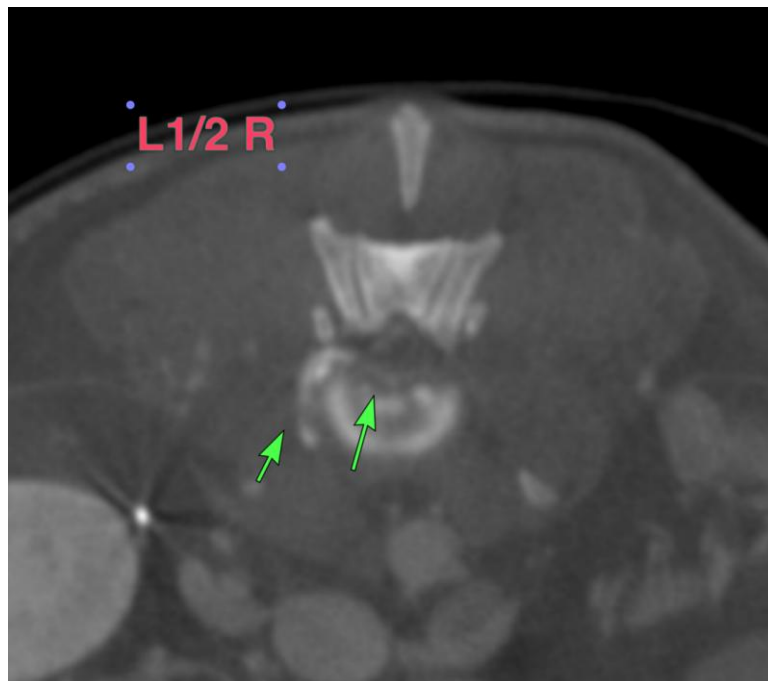
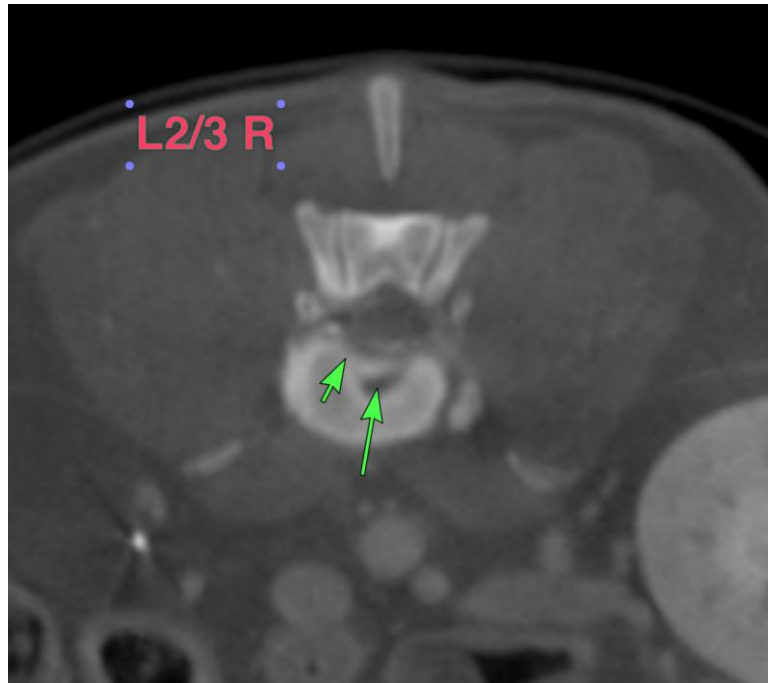
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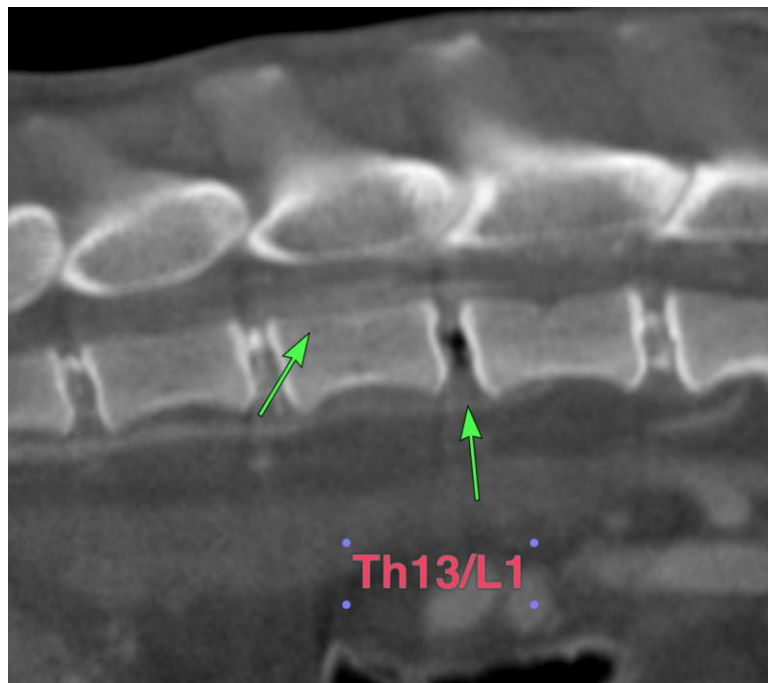
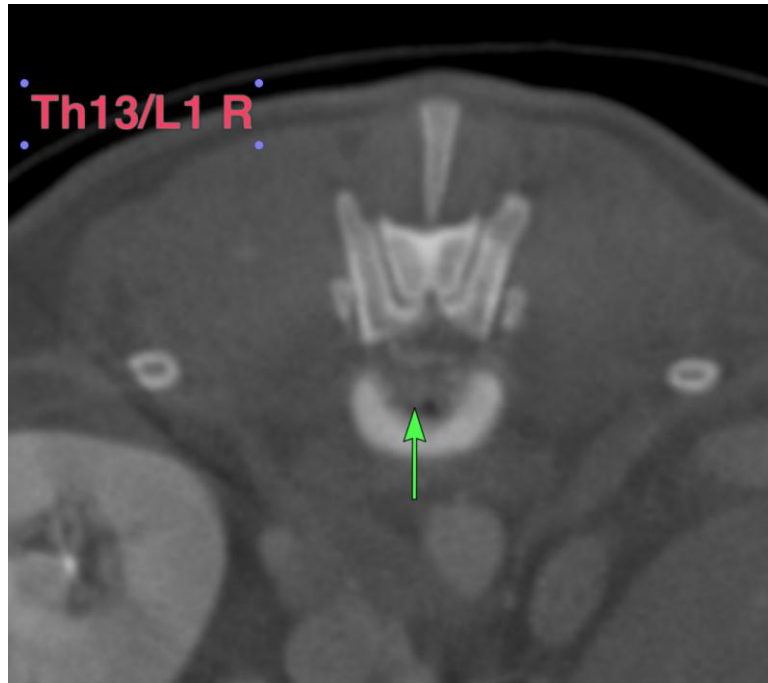
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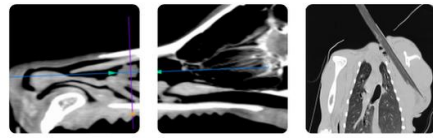
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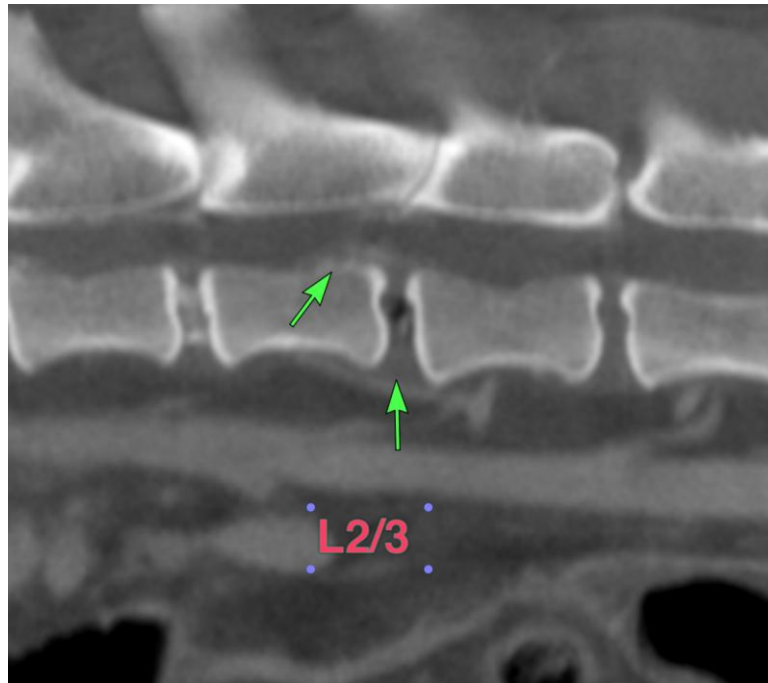
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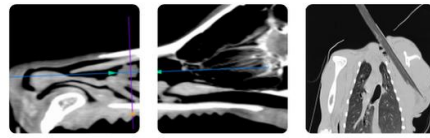
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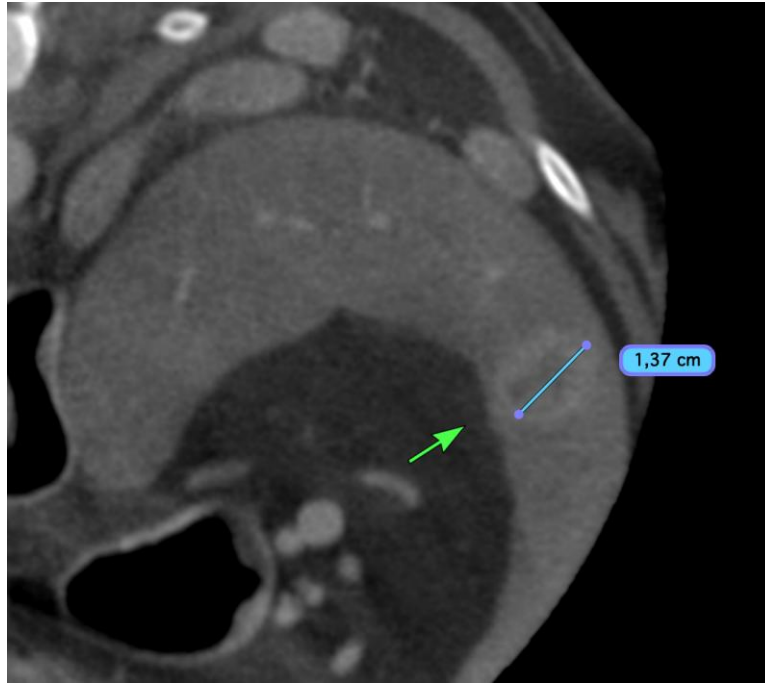
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)