



PATIENT

Kupido Rojas

SPECIES

Canine

BREED

Schnauzer Mix

SEX

NM

AGE

7Y

WEIGHT

27.6lbs

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

María Martes, DVM

INVOICE

74798

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Patient was presented for evaluation of becoming down on hind around 1-2 weeks ago. When the patient was rescued, patient had several wounds that were treated at veterinary clinic in Camuy. There were no ambulation issues when he was rescued. Acutely, patient became non-ambulatory. Patient was prescribed prednisone at the other clinic. Owner has tried gabapentin and carprofen but has not seen improvement. Normal appetite and water intake. Normal feces and urination. No vomiting or diarrhea. No coughing or sneezing.

Patient is currently on heartworm, flea & tick prevention. Vaccines up to date.

Patient will stay at CMV until Tuesday - will schedule CT scan of thoracolumbar spine

Will keep on Rimadyl 100 mg 1/2 tab PO SID and Gabapentin 100 mg 1 cap PO SID

Discussed with owner concern for IVDD vs FCE vs other.

Abnormal PE/Chem/CBC/UA Results: CBC --- mild to moderate anemia, LYM severe increased (0.41) and PLT decreased (108) CHEM --- GLOB mild increased (5.4), ALT mild increased (333) and GGT mild increased (17) PE Integument: multiple areas with debris and crust; small firm black cutaneous nodule on right thorax; sparsely haired limbs Musculoskeletal: Radiographic findings - spondylosis and a small round radiopaque opacity near scapula Cardiovascular: sinus arrhythmia Neurologic: CP deficits on both hindlimbs - withdrawal and pain sensation present; non-ambulatory/paraplegia; no nystagmus or head tilt; no CP deficits on front limbs - withdrawal reflex present; good range of motion of neck; no pain elicited upon spinal palpation.

COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The presented spine shows a harmonic course with inconspicuous vertebral bodies and mild degenerative changes at the level of TH9-10 with a narrowed intervertebral disc space and subchondral hypodense lesion next to the cranial endplate of TH10. The spinal canal is not influenced by that. Mild ventral spondylosis is present.

Bone density is within normal limits apart from that. There are no signs of a lytic or sclerotic process noted. The thoracolumbar and lumbosacral transition are inconspicuous. There is no evidence of a fracture or subluxation. As far as can be assessed, a compressive lesion is not recognized.

The paravertebral soft tissues are bilaterally symmetrical, especially the course of the femoral and sciatic nerves is inconspicuous. Unilateral atrophy of the paraspinal and/or pelvic musculature is not noted.

The display parts of the chest present mildly enlarged sternal lymph nodes, mild bronchiectasis in the cranial lung lobes and mild atelectasis due to anesthesia and positioning. The thoracic and abdominal vascular structures do not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild degenerative changes Th9/10 with suspected subchondral lesion cranial endplate Th10
- No signs of a focal spinal cord or cauda fiber compression



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings do not explain the reported patient's history. A focal compression of the spinal cord and/or cauda fibers is not recognized. This does not fully exclude intramedullary lesions as seen with FCE and HNPE- or ANNPE-lesions. These are difficult to detect/cannot be detected with CT and are still potential differentials.

The changes at the level of TH9-10 are mild, chronic and degenerative. I do not suspect neoplasia (DD Th10: end plate associated subchondral cartilaginous lesion, fat replacement, posttraumatic).

The mild sternal lymph adenomegaly is an unspecific finding and likely represents mild reactive lymphadenitis.





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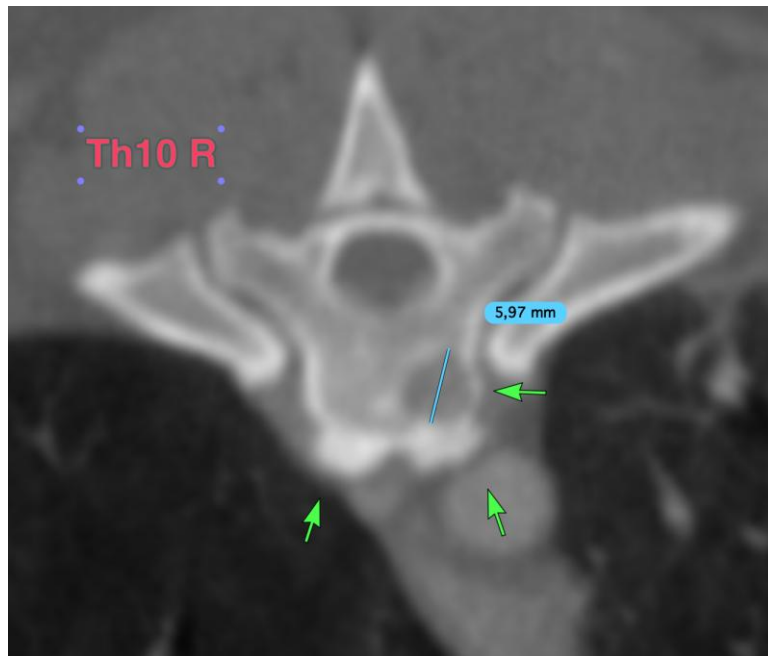
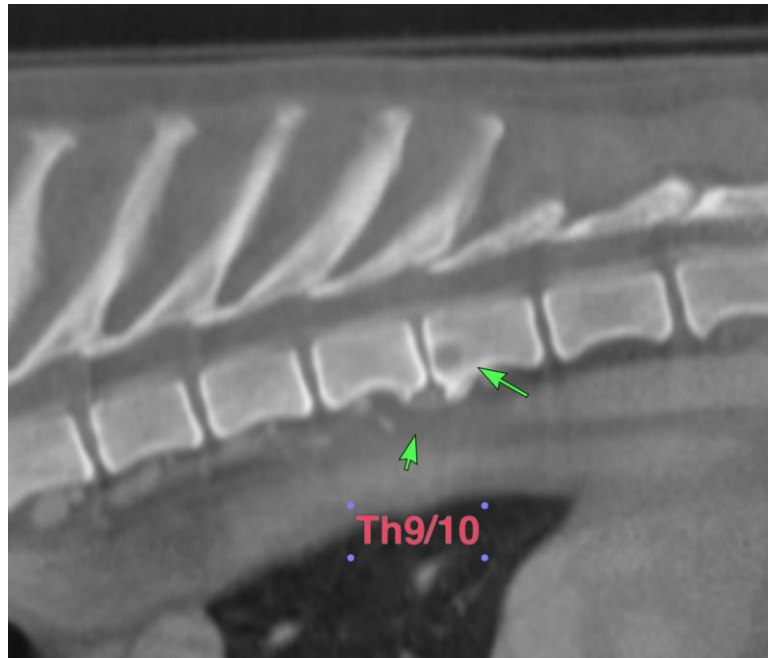
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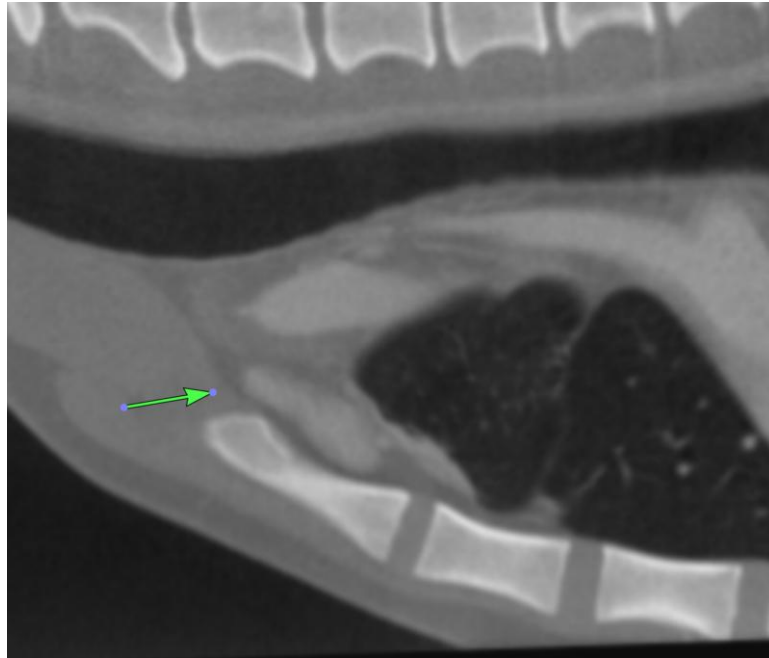
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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