



PATIENT

Lucky Restivo

SPECIES

Canine

BREED

Yellow Lab

SEX

MN

AGE

6

WEIGHT

39

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

73308

DATE

1-13-26

PRESENTING CLINICAL SIGNS

ambulatory with mild ataxia CP slow in the hind limb

COMPUTED TOMOGRAPHY OF THE THORACIC, LUMBAR AND SACRAL SPINE

A high resolution post-contrast CT study of the thoracic, lumbar and sacral spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Stitching artefacts are seen level with T9 and L1.

The field of view is including the thoracic spine up to the level of T3.

Along the thoracic spine, multifocal spondylosis formation is seen. The remainder of the osseous and soft tissue structures of the thoracic spine are within normal limits.

The osseous and soft tissue structures of the lumbar and sacral spine are within normal limits, but faint peripheral mineralization of the dural tube.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal spondylosis formation along thoracic spine
- Mild dural mineralization - incidental
- Normal lumbar spine
- Normal sacrum and cranial caudate spine.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no clinically relevant abnormalities and an underlying cause for the presenting clinical signs cannot be specified. Depending on the onset of clinical signs, ischemic myelopathy or acute non-compressive nucleus pulposus extrusion (would expect acute onset) or degenerative myelopathy (slow progressive course of clinical signs) are potentials. In case of strong suspicion for intradural changes, workup can be complemented by a myelographic CT study or MRI study of the spine.





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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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