



PATIENT

Buddy Canteras

SPECIES

Canine

BREED

Golden Retriever

SEX

MN

AGE

11Y

WEIGHT

82lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Cesar Claro

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

73460

DATE

1-26-26

PRESENTING CLINICAL SIGNS

History:

- Owner reports that the patient has difficulty walking, specifically with the two back paws, for the past four to five months.
- Owner states the patient falls frequently, no longer goes upstairs, and has significant difficulty coming downstairs.
- Owner mentions the patient used to walk a mile to a mile and a half but now gets tired after 250 feet, with legs appearing uncoordinated ("all over the place").
- Ambulatory paraplegia. Loosing balance. Proprioception deficit bilaterally worse right P.L

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE, PELVIS AND STIFLE JOINTS

A high resolution pre- and post-contrast CT study of the lumbar spine, pelvis and stifle joints is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates L2/L3 present mild spondylosis formation.

Along the lumbar spine, multifocal spondylosis formation is appreciated. The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level.

The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

Both coxofemoral joints present mild osteophyte new bone formation. The center of the femoral heads is approximately level with the dorsal acetabular rim.

The surrounding soft tissue structures of the pelvis are unremarkable.

The right stifle joint is cropped by the field of view.

The periarticular bones of the left stifle joint are smooth. The patella of the left stifle joint is in situ. The left stifle joint presents no evidence of joint effusion.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion L7/S1 with possible dynamic compression of the caudal equina fibers
- Mild osteoarthritis coxofemoral joints due to mild hip dysplasia
- Spondylosis deformans
- Normal left stifle joint

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not see evidence of clinically relevant compressive myelopathy nor degenerative joint disease that would explain the described clinical signs. The intervertebral disc protrusion L7/S1 may be associated with dynamic pain but will not be associated with neurological deficits. In case of strong clinical suspicion for intradural pathology, workup can be complemented by a myelographic CT study or MRI study of the spine – degenerative myelopathy may be a consideration as well.



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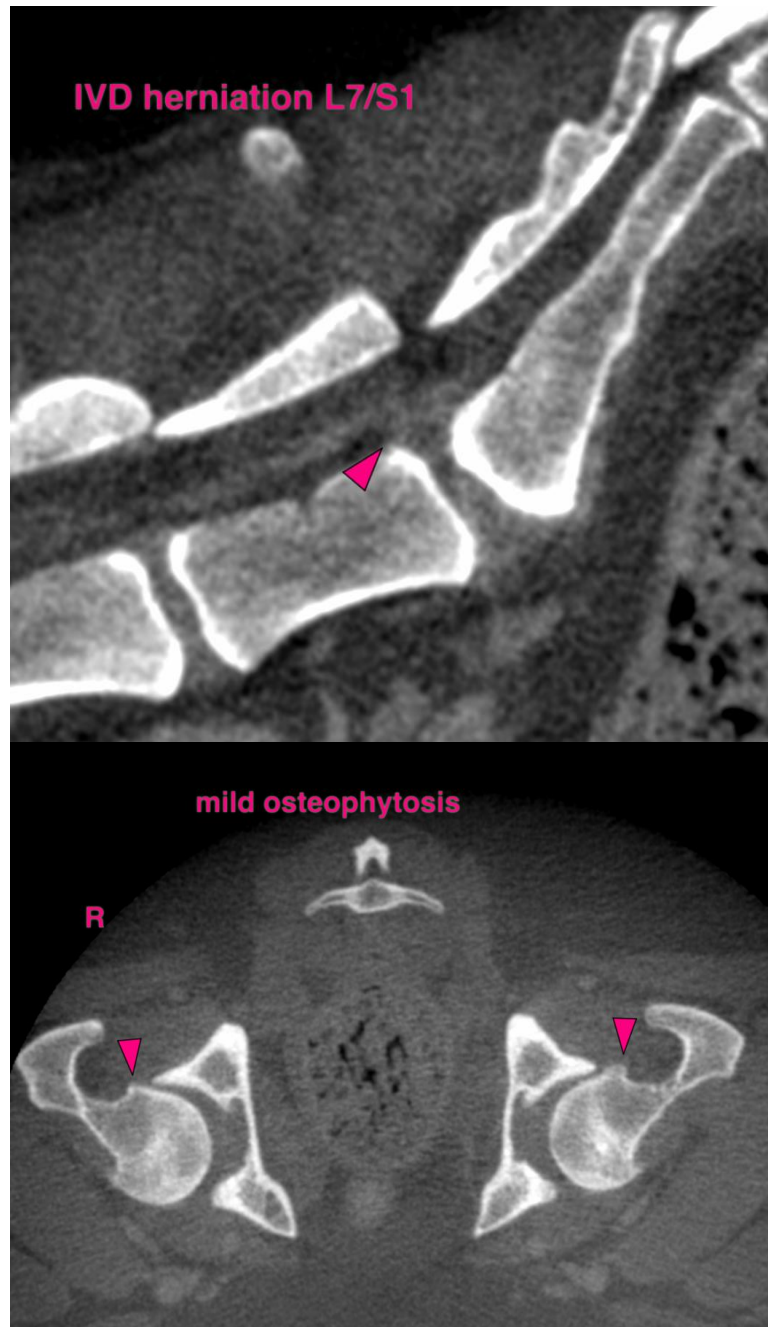
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
info@sonopath.com