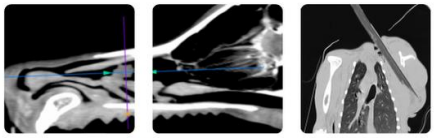

PATIENT

Johnny Harrison

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11Y

WEIGHT

32.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr. Meaux

HOSPITAL NAME

Hospital Veterinario
San Francisco de Asis

REFERRING VET

Dr. Meaux

INVOICE

73532

DATE

1-29-26

PRESENTING CLINICAL SIGNS

History:

- Referred for advance imaging due to ataxia. Presented to rDVM with Hx of bilateral hindlimb weakness. Right rear CP deficit and ataxia (worse than previously). On X-rays: mild DJD of hips and narrowing between T12-13 with spondylosis.

Abnormal PE/Chem/CBC/UA Results: PE prior to CT: ambulatory x 4 with noticeable ataxia affecting pelvic limbs. Pet is able to stand on both hind limbs and seems pretty active despite presenting clinical signs. Owner reports that initial symptoms started about one year ago but improved and have now returned.

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the thoracic and lumbar spine and a post-contrast CT study of the cervical spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The osseous and soft tissue structures of the cervical spine reveal no abnormalities.

The intervertebral disc spaces T11/T12 and T12/T13 are narrowed and a vacuum phenomenon is seen in the respective intervertebral disc spaces. The vertebral endplates T11/T12 and T12/T13 present spondylosis formation.

Level with the intervertebral disc spaces T11/T12 to T13/L1, disc material is bulging into the vertebral canal, occupying approximately ≤15% of the cross-sectional area of the vertebral canal at the same level.

All intervertebral discs along the lumbar spine are bulging into the vertebral canal, occupying < 10% of the cross-sectional area of the vertebral canal at the same level.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present spondylosis deformans.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic discopathy T11/T12 and T12/T13
- Intervertebral disc herniation T11/T12 to T13/L1 with possible dynamic myelocompression
- Intervertebral disc protrusion L7/S1 with compression of the cauda equina fibers
- Serial mild intervertebral disc protrusion along the lumbar spine without compressive myelopathy
- Spondylosis deformans
- Normal cervical spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated intervertebral disc herniation multifocal along the thoracolumbar junction and lumbar spine are unlikely to be associated with neurological deficits but can be a source for intermittent pain. No additional abnormalities are appreciated that do explain the presenting clinical signs, due to the slow progression degenerative myelopathy may be a potential as well.

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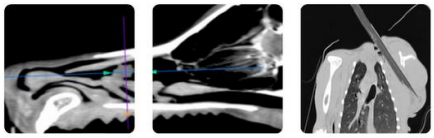

Teleradiology
Educational Teleconsultation Services™

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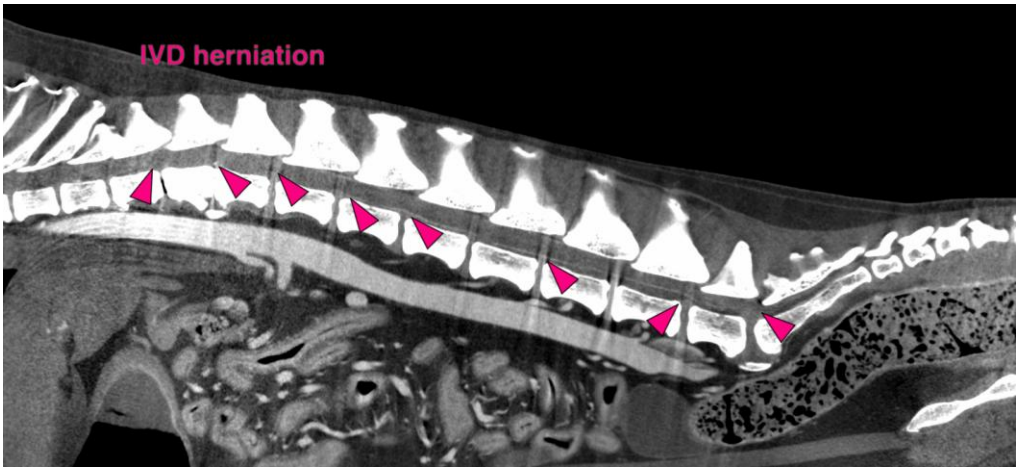

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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