

**PATIENT**

Riggs Diagneault

PRESENTING CLINICAL SIGNS

Acute onset hind end weakness. Unable to climb stairs or jump on couch. Left hind worse than right. Legs mildly flexed while standing, toes slightly curled/flexed. Present but reduced CPs. Panniculus reflex reduced at level of ~T13-L1. No known racoon exposure. R/O IVDD. Possible polyradiculneuritis.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Tick panel pending

BREED

Coohound

RADIOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

Radiographs of the thoracic & lumbar spine in a lateral and ventrodorsal projection are provided for review.

SEX

MN

The vertebral endplates T2/T3 present moderate bridging spondylosis formation.

The intervertebral disc space T13/L1 is mildly narrowed.

AGE

6 Years

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

- Possible discopathy T13/L1
- Spondylosis deformans T2/T3

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The narrowed intervertebral disc space T13/L1 is suggestive for discopathy ± compressive myelopathy. Cross-sectional imaging (CT or MRI) can be used as advanced imaging modalities for further definition.

HOSPITAL NAME

Cornelius Veterinary
Clinic

REFERRING VET

Jeff Schutz DVM

INVOICE

49985

DATE

1-31-22



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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.

SPECIES

Canine

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
sebast.schaub@gmail.com

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