



PATIENT

Gaucho Paz

PRESENTING CLINICAL SIGNS

Pet cries when neck is touched. rDVM reports lumbar pain today during exam. Abnormal PE/Chem/CBC/UA Results: Ambulatory x 4 despite Butorphanol given by rDVM before our arrival

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE CERVICAL & LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the cervical & lumbar spine are provided for review.

BREED

Dogo/Bulldog Mix

COMPUTED TOMOGRAPHIC FINDINGS

At the cranial tip of the odontoid peg, a small (<2 mm) isolated mineralized body is visible.

SEX

Male Neutered

Level with the intervertebral disc space C5/C6 mild heterogeneous mineralized disc material is protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area at the same level – mildly distorting the dural tube at the same level.

AGE

6 Years

Level with the intervertebral disc space C6/C7 mild hyperattenuating disc material is mildly protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.

Moderate mineralization of the intervertebral discs C3/C4, C5/C6 and C7/T1 is present.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The soft tissue structures of the neck are within normal limits.

The intervertebral discs T11/T12 and all discs along the lumbar spine are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

HOSPITAL NAME

Mobile Pet Imaging

The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately >50% of the cross-sectional area of the vertebral canal at the same level. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

The spinous process of S1 is not fused with the spinous process of S2.

REFERRING VET

Meaux

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion C5/C6 with possible spinal cord compression
- Intervertebral disc protrusion C6/C7 with potential dynamic spinal cord compression
- Degenerative lumbosacral stenosis
- Intervertebral disc protrusion T11/T12 and serial protrusion along the lumbar spine without compressive myelopathy
- Multifocal chondroid disc degeneration
- Lumbosacral transitional vertebral type I
- Persistent ossiculum terminale, incidental

INVOICE

49371

DATE

1-7-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion C5/C6 might be a source for the neck pain. There is evidence of protrusion of the intervertebral disc C6/C7 as well, possibly contributing to clinical signs as well.



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If clinical signs are refractory to conservative management, surgical decompression level C5/C6 might be considered – if anatomical neurolocalization does not fit imaging findings, a myelographic CT study can be used to rule out extrusion of isoattenuating disc material.

SPECIES

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No specific abnormality is seen along the lumbar spine, but generalized mild intervertebral disc protrusions, with unknown clinical relevance. Acute on chronic insult might be a cause for the pain.

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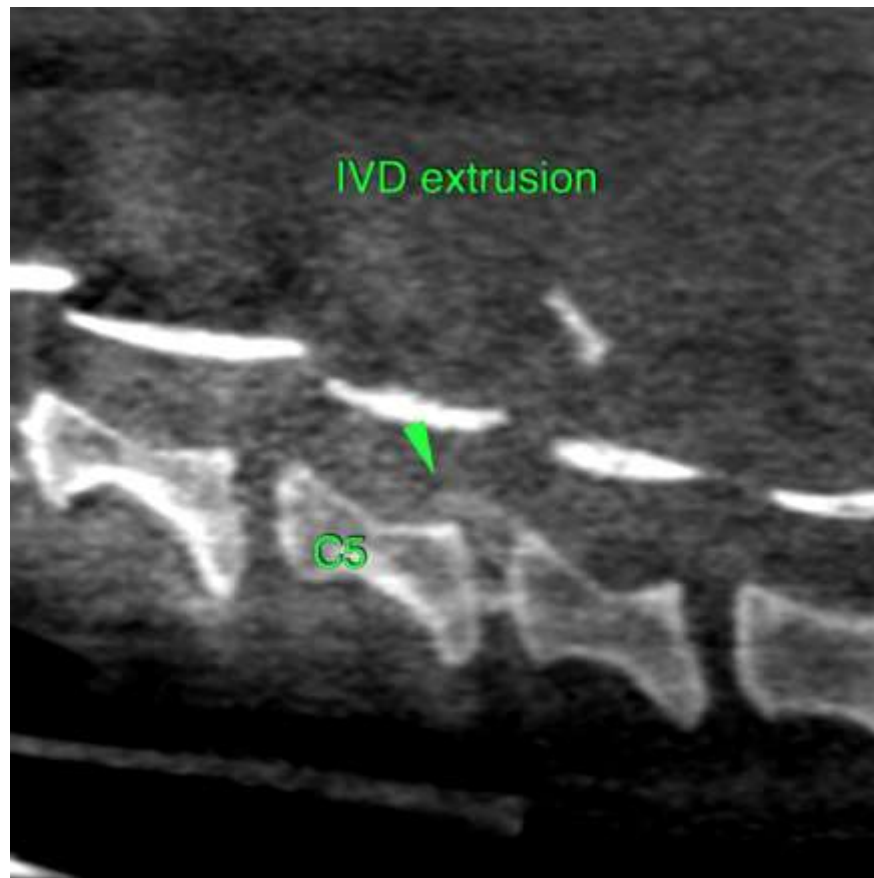
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REFERRING VET

Meaux



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The information and recommendations provided are based on the images presented by the referring veterinarian. 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.

DATE

1-7-22

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