



PATIENT

Phillip Hobbs

PRESENTING CLINICAL SIGNS

Acute onset - progressive proprioceptive deficits of all four limbs. Non-ambulatory on hind legs
 Abnormal PE/Chem/CBC/UA Results: Bloodwork: Mild hypophosphatemia, otherwise NSF.
 Urinalysis: Dilute urine. Bacteria noted.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the entire spine is provided for review.

BREED

Lab X

COMPUTED TOMOGRAPHIC FINDINGS

Moderate central mineralization of the intervertebral disc C5/C6 is appreciated. The remainder of the osseous and soft tissue structures of the cervical spine are within normal limits.

Along the thoracic spine, multifocal mild spondylosis formation is appreciated.

SEX

MN

The intervertebral discs T13/L1,L1/L2 , L5/L6 and L6/L7are mildly bulging into the vertebral canal, occupying approximately 5-10% of the cross-sectional area of the vertebral canal at the same level – distorting the ventral epidural space.

The vertebral endplates L1/L2 present moderate ventral spondylosis formation.

AGE

10 Years, 2 Months

Moderate osteophyte formation is seen along the shoulder joints bilaterally.

The periarticular bones of both coxofemoral joints present moderate osteophyte new bone formation.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild intervertebral disc protrusion T13/L1,L1/L2 , L5/L6 and L6/L7 without compressive myelopathy
- Chondroid disc degeneration C5/C6
- Spondylosis deformans

HOSPITAL NAME

Bridgwater
 Veterinary Hospital
 and Wellness Centre

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents without abnormalities, explaining the progressive tetra paresis. Depending on the development of clinical signs ischemic myelopathy, less likely acute non-compressive nucleus pulposus extrusion as well as polyradiculoneuritis or degenerative myelopathy, other might be considered. In case of strong clinical suspicion for intramedullary lesion, recommend complementing workup by a myelographic CT study or preferred MRI study of the spine.

REFERRING VET

Dr. S. Klonisch

INVOICE

54886

DATE

10-31-22



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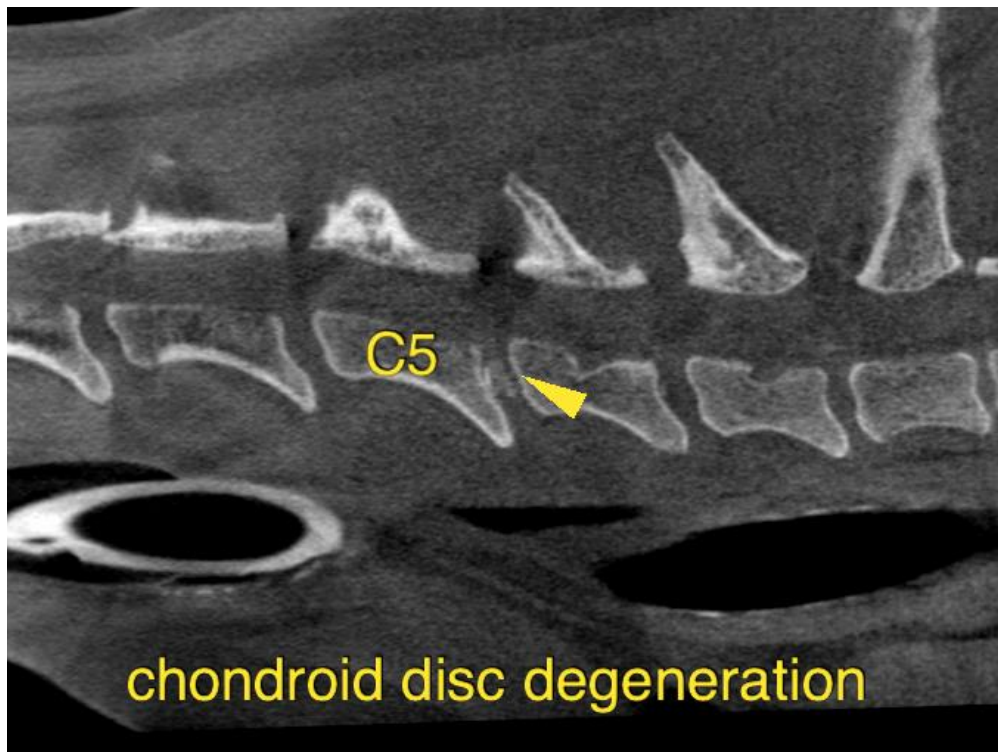
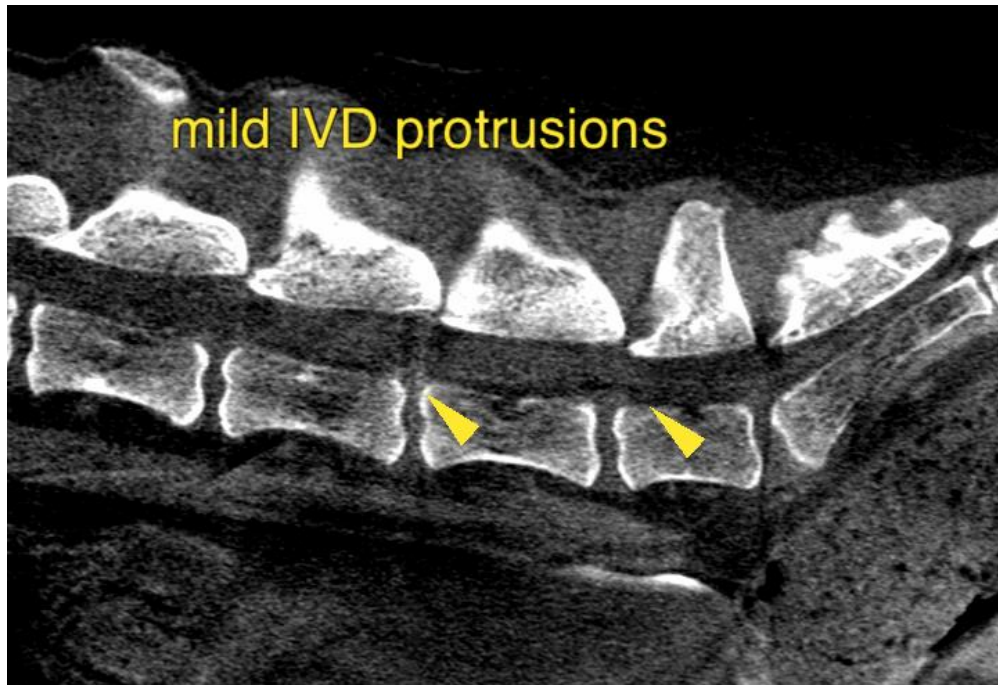
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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