



## PATIENT

Katie Cervera

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

FS

## AGE

4

## WEIGHT

11

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

David

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Short

## INVOICE

72605

## DATE

11-13-25

## PRESENTING CLINICAL SIGNS

Alert/appropriate, pelvic limb paresis, small amount of motor with support, bilateral CP or CN deficits, T3-L3 back pain T3-L3 neuropathy with intact deep pain, no motor (IVDD vs other)

## COMPUTED TOMOGRAPHY OF THE THORACIC AND LUMBAR SPINE

A high resolution plain and myelographic CT study of the thoracic and lumbar spine is provided for review.

## COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The intervertebral disc space L1/L2 is moderately narrowed. Level with the intervertebral disc space L1/L2 a small amount of mineral attenuating material is appreciated in the ventral aspect of the vertebral canal, occupying approximately  $\leq 10\%$  of the cross-sectional area of the vertebral canal at the same level.

Level with the intervertebral disc space L4/L5, mineralized disc material is protruding into the vertebral canal, occupying  $\leq 10\%$  of the cross-sectional area of the vertebral canal at the same level.

Post intrathecal contrast administration the ventral subarachnoid space level L1/L2 and L4/L5 is distorted.

Multiple intervertebral discs along the thoracic and lumbar spine present mild central mineralization.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Discopathy L1/L2 with extrusion of small amount of disc material with possible dynamic myelocompression
- Intervertebral disc protrusion L4/L5 with possible dynamic myelocompression
- Multifocal chondroid disc degeneration along the thoracic & lumbar spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings level L1/L2 are highly suggestive for acute non-compression nucleus pulposus extrusion, the amount of extruded disc material is only small and unlikely to be related with neurological deficits. Conservative management is considered beneficial in this patient.

The intervertebral disc protrusion L4/L5 can be a source for dynamic pain.



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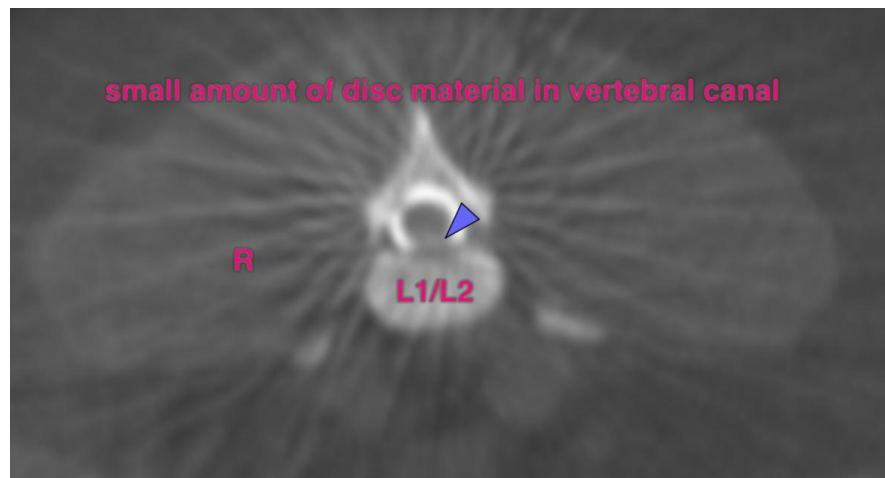
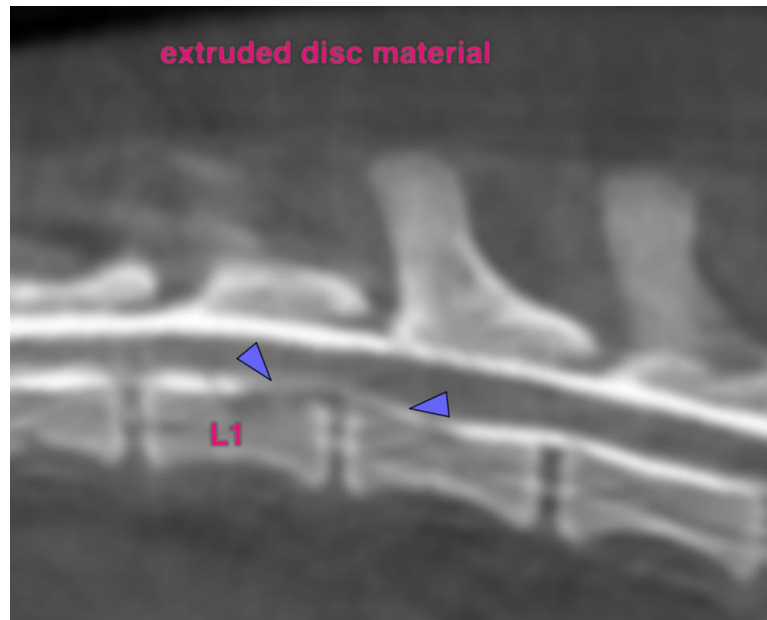
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)