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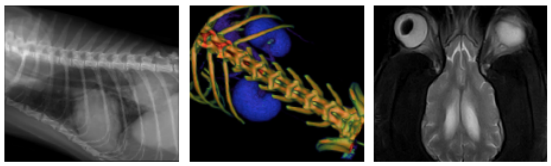


PATIENT

Monsieur Peers

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

5 Years 1 Months

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Bridgwater VH

REFERRING VET

Dr. N. Brar

INVOICE

42861

DATE

11/17/22

PRESENTING CLINICAL SIGNS

Hind limb lameness, limping, wobbly at the hind end.
Abnormal PE/Chem/CBC/UA Results: Increased RBC 9.10x10^12/L

COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, THORAX AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 305, 308, 311, 405 and 411 are absent. Moderate rotation of the maxillary premoral teeth bilaterally is appreciated. The buccal root of triadan 109 presents marked periapical widening of the periodontal space

A small amount of fluid attenuating material is attached to the nasal mucosal lining bilaterally. The soft palate is elongated and thickened, extending up to the level of the arytenoid cartilages.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae contain soft tissue attenuating and non-contrast enhancing material. The wall of the tympanic bullae is breed specific thickened and smooth. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Spine

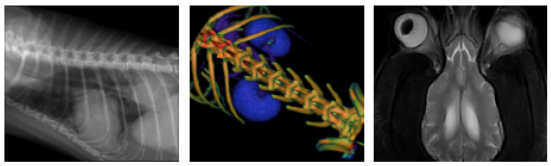
Mild mineralization of multiple intervertebral discs along the cervical, thoracic and lumbar spine is appreciated.

The intervertebral discs C3/C4, C4/C5, C5/C6 and C6/C7 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.
T11 presents as hemivertebra.

The intervertebral discs T11/T12, L1/L2, L3/L4 are mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level.

S1 presents as hemivertebra. The vertebral endplates of the lumbosacral junction present moderate spondylosis formation.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.



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The stifle joint bilaterally presents with smooth osseous margins and without signs of intracapsular swelling. A retained cartilage core is seen at the caudoproximal aspect of the tibial tuberosity bilaterally.

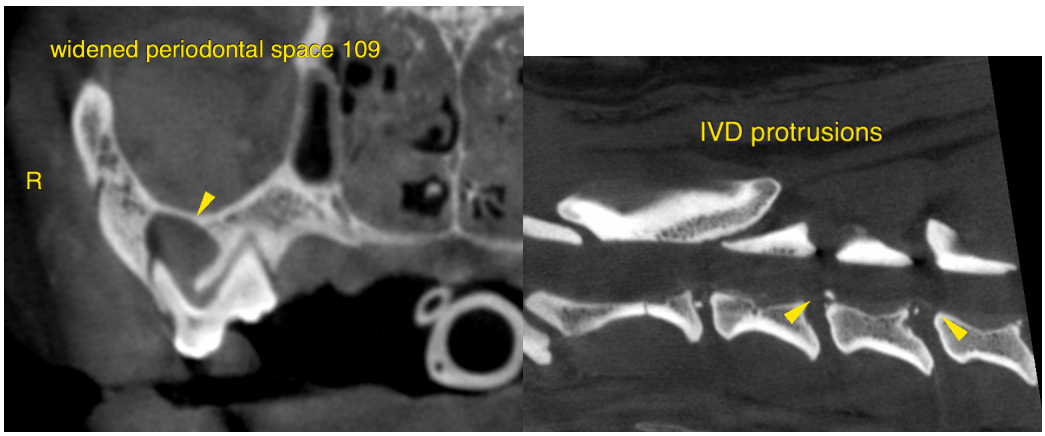
The tarsal joints are unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild intervertebral disc protrusion C3/C4, C4/C5, C5/C6, C6/C7, T11/T12, L1/L2, L3/L4 without or possible dynamic spinal cord compression
- Elongated soft palate
- Periapical abscess or cyst buccal root triadan 109
- Mild rhinitis
- Bilateral otitis medial – suspect primary secretory
- Hemivertebra T11 and S1
- Multifocal chondroid disc degeneration along the entire spine
- Spondylosis deformans
- Multiple absent teeth
- Normal hind limbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the described clinical signs is not appreciated, there is no evidence of clinically relevant compressive myelopathy that would be associated with neurological deficits. However, in case of strong clinical suspicion for compressive myelopathy (e.g. isoattenuating disc material, subarachnoid diverticulum), consider complementing workup by a myelographic CT study of the spine.



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.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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