



PATIENT

Freddie Eldridge

PRESENTING CLINICAL SIGNS

Acute onset of hindlimb paralysis yesterday night. Overnight, dog has improved as he can walk but ataxia and proprioceptor deficit noted on both hind limbs

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE

A plain and myelographic CT study of the spine in a bone and soft tissue reconstruction is provided for review.

BREED

French Bulldog

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The vertebral bodies of T4 to T9 present a mild wedge shaped conformation; the respective vertebral endplates present mild irregular conformation with small defects. Multifocal mild spondylosis formation is seen along the thoracic spine.

SEX

Male

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level.

AGE

2

Level with the intervertebral disc space L2/L3, a small amount of mild hyperattenuating material is seen in the left lateral aspect of the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The mild hyperattenuating material is extending cranially approximately up to the cranial third of the vertebral body of L2 and caudally up to the cranial third of the vertebral body of L3. The dural tube is mildly deviated to the right. After intrathecal contrast administration, level with L2/L3, the left lateral aspect of the subarachnoid space is attenuated, and the spinal cord is very mildly distorted.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion L2/L3 with very mild myelocompression
- Multiple hemivertebra along the thoracic spine
- Degenerative lumbosacral stenosis
- Spondylosis deformans

HOSPITAL NAME

Colyton Veterinary Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with extrusion of a small amount of disc material into the vertebral canal level L2/L3 from the left ± mild hemorrhage. The amount of material is only low, likely explaining the improvement of clinical signs and conservative management appears feasible if clinical signs are progressively improving. If neurological signs deteriorate, surgical decompression is advised.

REFERRING VET

Bao Truong

INVOICE

55341

DATE

11-22-22



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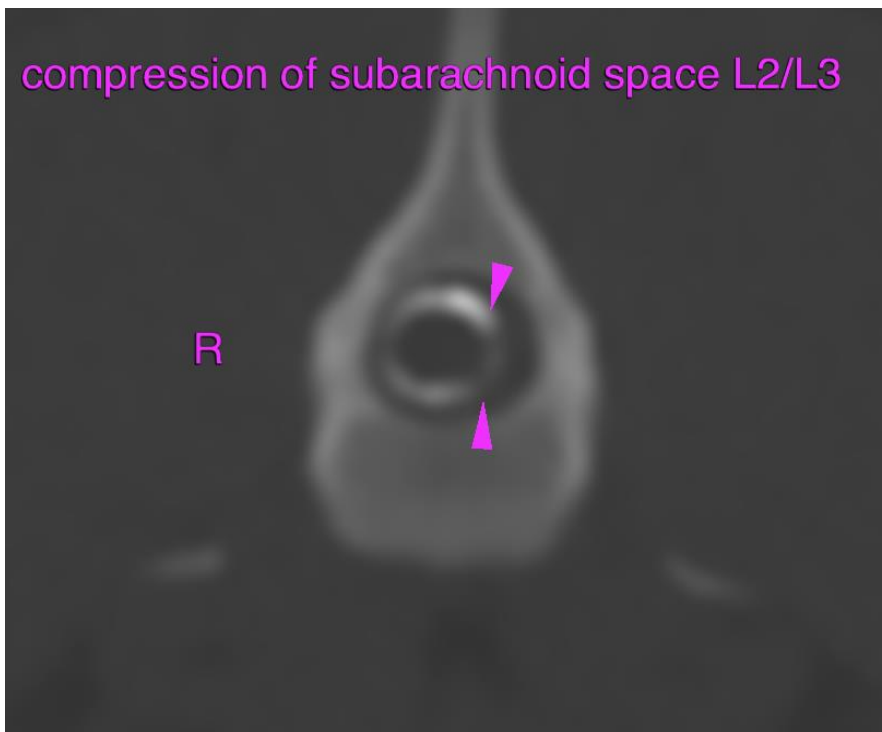
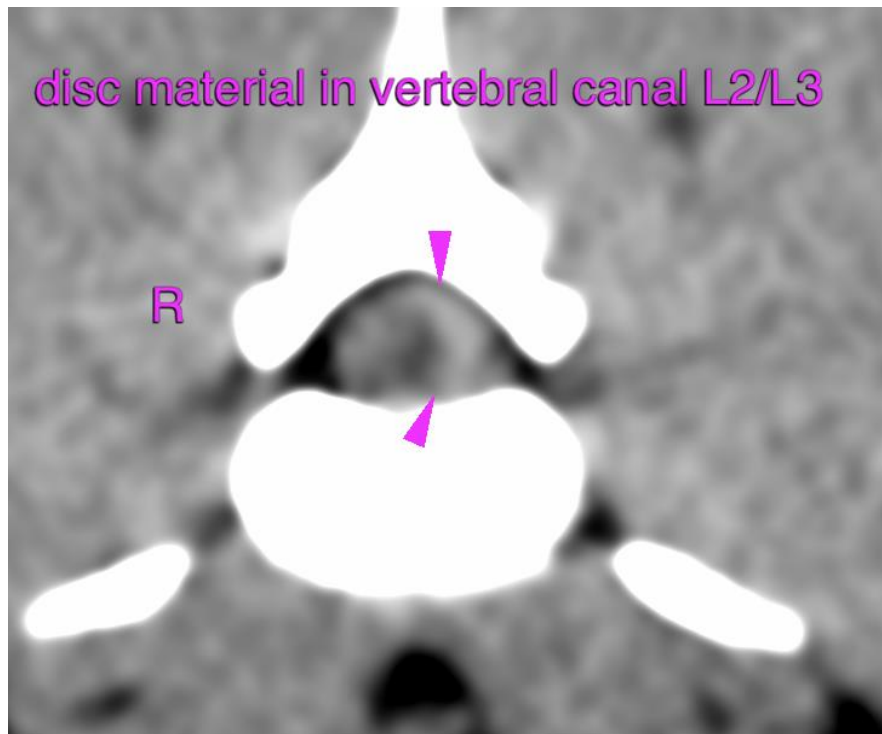
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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