



PATIENT

Rory Gorlick

PRESENTING CLINICAL SIGNS

Severe neck and back pain, able to walk but significant pain with neck manipulation and lumbar spinal palpation.

Abnormal PE/Chem/CBC/UA Results: Hemoconcentration, mild azotemia and hypernatremia (dehydration), 4DX negative

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution plain CT study of the entire spine is provided for review.

BREED

Greyhound

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Level with the intervertebral disc spaces C3/C4 & C4/C5 mild irregular mineralized disc material is protruding into the vertebral canal, occupying approximately up 15-20% of the cross-sectional area of the vertebral canal at the same level; the dural tube level with C3/C4 and C4/C5 is mildly deviated dorsally and distorted.

SEX

MN

Level with the intervertebral disc space C5/C6, disc material is mildly bulging into the vertebral canal, distorting the ventral epidural space at the same level.

AGE

9 Years, 4 Months

The osseous and soft tissue structures of the thoracic & lumbar spine present no abnormalities, but multifocal mild mineralization of the intervertebral discs.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion C3/C4 and C4/C5 with compressive myelopathy
- Mild intervertebral disc protrusion C5/C6 without compressive myelopathy
- Multifocal chondroid disc degeneration along the entire spine

HOSPITAL NAME

Bridgwater
Veterinary Hospital
and Wellness Centre

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc protrusions C3/C4 and C4/C5 present signs of compression of the dural tube - C4/C5 > C3/C4 - and can be a source for pain originating from the cervical spine, whereas the protrusion C4/C5 is considered as the clinically more relevant finding. The protrusions appear chronic and acute on chronic insult may have caused acute deterioration of clinical signs. At this point conservative management might be preferred over surgical intervention. If clinical signs are stationary or deteriorate, prior to surgical intervention I would recommend complementing workup by a myelographic CT study at least of the cervical spine to rule out extrusion of isoattenuating material.

REFERRING VET

Dr. J. Shapera

INVOICE

55336

DATE

11-24-22



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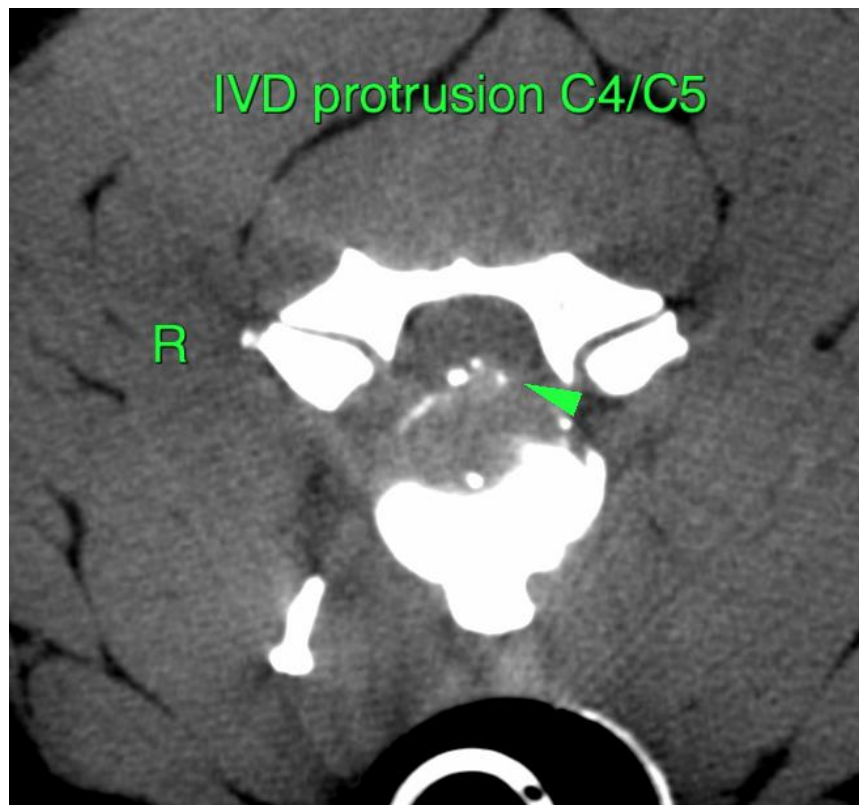
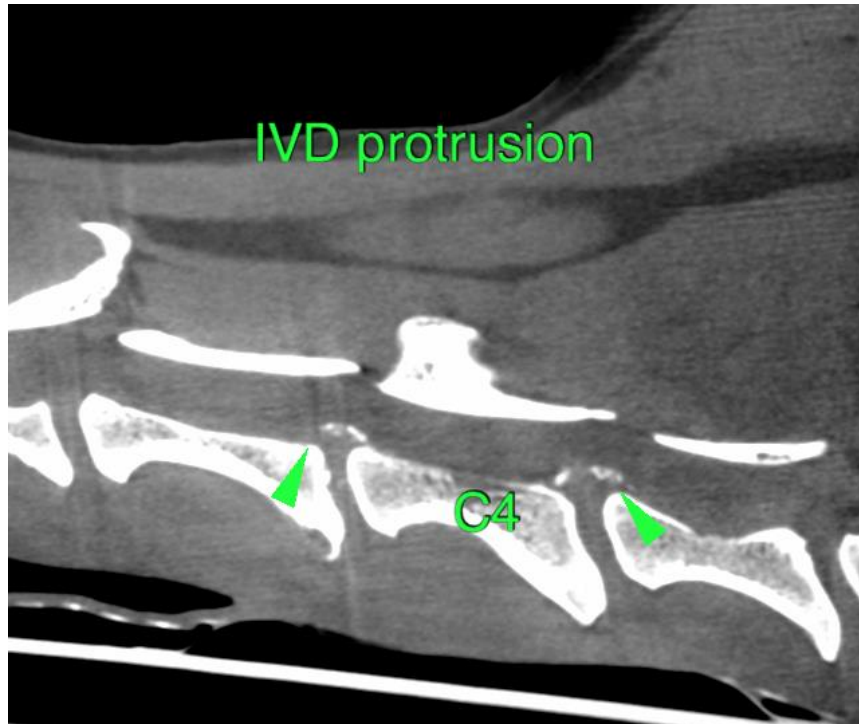
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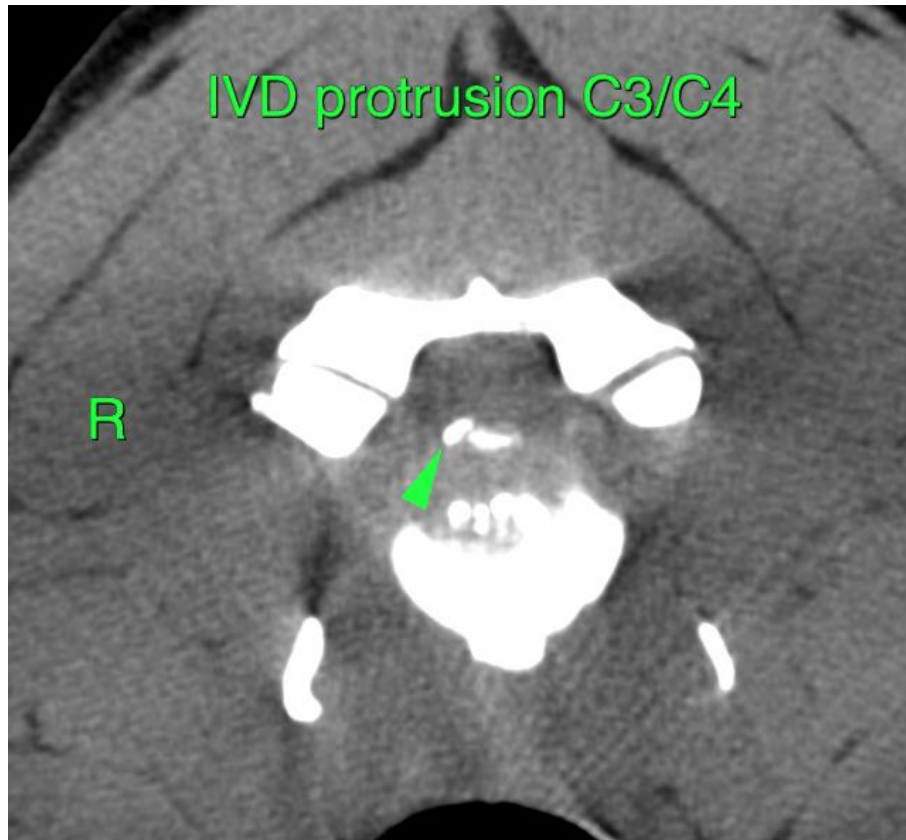
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com