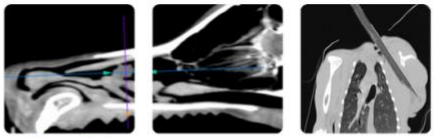


PATIENT

Luna Peters

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

9

WEIGHT

21.8

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Nicole Toso

HOSPITAL NAME

Catskill VS, PLLC

REFERRING VET

Dr. Lowry Poletti

INVOICE

35713

DATE

11/28/25

PRESENTING CLINICAL SIGNS

History: Primary Complaint: Acute flare of IVDD and possible pancreatitis Historically diagnosed with chronic IVDD, hyperadrenocorticism, and hepatomegaly. Three-day history of worsening hind end paresis, limping, struggling to walk, and decreased appetite following jumping out of a car.

Abnormal PE/Chem/CBC/UA Results: Hunched over posture. Patient is not ambulatory. Will stand if helped up, but will not walk, weak in the hind end. Delayed CP hind limbs bilaterally. Deep pain and withdrawal reflex intact right hind. Deep pain with delayed withdrawal reflex left hind. Reactive to palpation of cervical and thoracic spine. Elevated lipase and pancreatic lipase. Elevated ALP is historical and likely secondary to hyperadrenocorticism. Grade 4/6 heart murmur.

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC & LUMBAR SPINE 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 is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Spine

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

All intervertebral discs along the cervical, thoracic and lumbar spine present variable degree of central mineralization.

Level with the intervertebral disc spaces C2/C3 and C5/C6, mineralized disc material is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level respectively.

Level with the intervertebral disc space C4/C5, heterogeneous mineralized disc material is protruding into the left ventral aspect of the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The dural tube level C4/C5 is deviated to the right and is distorted.

Along the thoracic spine no additional abnormalities are appreciated.

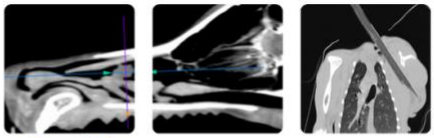
Level with the intervertebral disc space T13/L1, mineralized disc material is protruding into the vertebral canal occupying approximately up to 30% of the cross-sectional area of the vertebral canal at the same level.

The left neuroforamen L3/L4 is obliterated by irregular mineral attenuating material.

Level with the intervertebral disc spaces L6/L7 and L7/S1, heterogeneous hyperattenuating material is protruding into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

In the subcutaneous tissue at the right dorsal aspect of L4 and the left dorsal aspect of L7, a well-defined, ovoid shaped soft tissue attenuating nodule is seen, measuring up to 15 x 8 x 12 mm.

Abdomen



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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration throughout the renal parenchyma, multiple well-defined, roundish parenchymal filling defects are appreciated; measuring <4 mm in diameter.

The adrenal glands are within normal limits for size, shape and organ architecture.

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The spleen is normal in size and shape. The splenic parenchyma is uniform soft tissue attenuating and has a mild heterogeneous contrast enhancement pattern, presenting multiple intraparenchymal hyperattenuating nodular lesion.

The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The bony and surrounding soft tissue structures reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation T13/L1, R>L, with compressive myelopathy
- Left ventral intervertebral disc herniation C4/C5 with compressive myelopathy
- Left sided foraminal stenosis L3/L4 due to foraminal disc protrusion
- Intervertebral disc herniation C2/C3, C5/C6, L6/L7, L7/S1 without compressive myelopathy
- Generalized chondroid disc degeneration along the entire spine
- Multiple simple renal cortical cysts
- Multiple non-specific subcutaneous soft tissue nodules

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated intervertebral disc herniation are likely chronic and given the history, an acute exacerbation of a chronic condition has likely contributed to the recent development of clinical signs – the intervertebral disc herniation T13/L1 is considered as the clinically most relevant lesion along the lumbar spine. It is advisable to consider both the risks and benefits of conservative treatments compared to surgical options.

The clinical relevance of the herniated disc material C4/C5 is unclear but can be a source for cervical pain.

The abdomen reveals no clinically relevant abnormalities.

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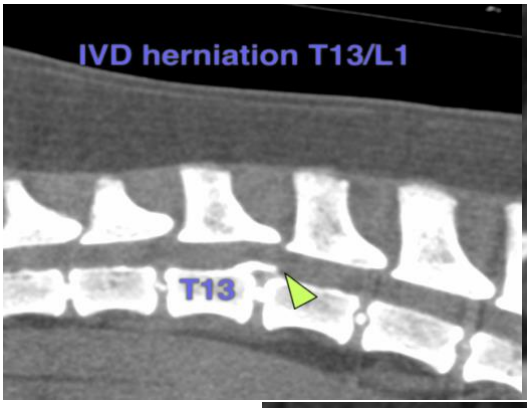

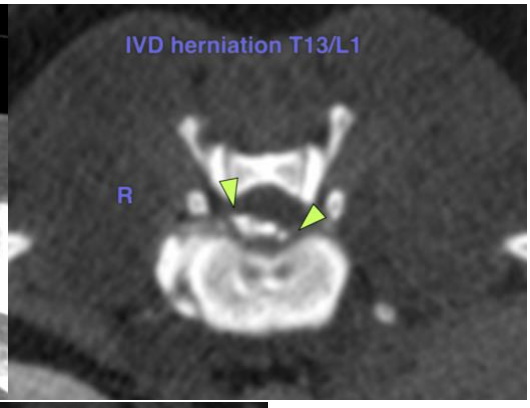

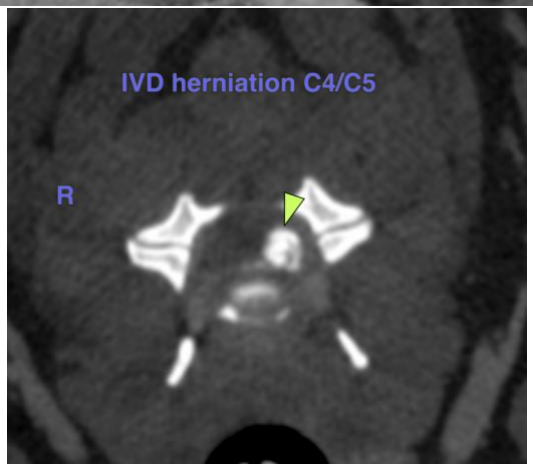

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com