



PATIENT PRESENTING CLINICAL SIGNS

Maxie Hunt Patient presented on 11/22/21 for pain when being picked up or possible back pain. Exam revealed normal cardiac and lung auscultation. Normal musculoskeletal exam. Slight erythema between 3rd and 4th digit on left hind leg and slight/mild dental disease. Patient on carprofen 25mg-1 tab po BID that was prescribed by AEC after Keratotomy. O reports some Gi issues after carprofen administration. Recommended blood work and spinal/hip radiographs Blood work- Unremarkable Radiographs: Revealed mineralization in situ at T 13-L1, L4-5, and L5-6 are consistent with sites of disk degeneration but are not pathopneumonic for disk herniation. Occult intervertebral disk herniation(s), meningitis, spinal cord contusion, spinal neoplasia, or paraspinal soft tissue injury are possible causes for the clinical signs. Unremarkable pelvis radiographs. Recommended rest for the next 2-3 weeks with no running, jumping or rough housing. Decrease dose of carprofen that was previously prescribed to 1/2 tab po BID. O contacted us 3 days after appointment to say that patient was still having Gi issues. Recommended stopping Carprofen and starting Gabapentin TTO 11/29/21-Patient developing possible spasm in left leg and wants to pursue spinal CT

SPECIES

Canine

BREED

French Bulldog

SEX

FS

COMPUTED TOMOGRAPHY OF THE THORACIC&LUMBAR SPINE AND LEFT HIND LIMB

AGE

6 Years

A high resolution pre- and post-contrast CT study of the thoracic & lumbar spine and the left hind limb are provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The thoracic spine presents with multiple hemivertebra and multifocal mild spondylosis formation.

HOSPITAL NAME

Advanced Animal
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Level with the intervertebral disc space L2/L3, in the left ventral aspect of the vertebral canal, mineral attenuating material is visible occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level. The mineral attenuating material is extending cranial and caudally up to the level of the respective vertebral endplates. The dural tube level L2/L3 is displaced to the right and distorted.

REFERRING VET

Blair Hollowell, DVM

Moderate mineralization of multiple intervertebral discs of the lumbar spine is noted.

Mild motion artefacts of the distal aspects of the left hind limb are seen.

Mild osteophyte formation is seen along the periarticular bones of the left stifle joint.

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The periarticular bones of the left talocrural joint present mild to moderate osteophyte new bone formation.

DATE

11-30-21

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion L2/L3 with compressive myelopathy
- Mild degenerative osteoarthritis left stifle & talocrural joint
- Multifocal chondroid disc degeneration along the lumbar spine
- Multiple hemivertebra thoracic spine



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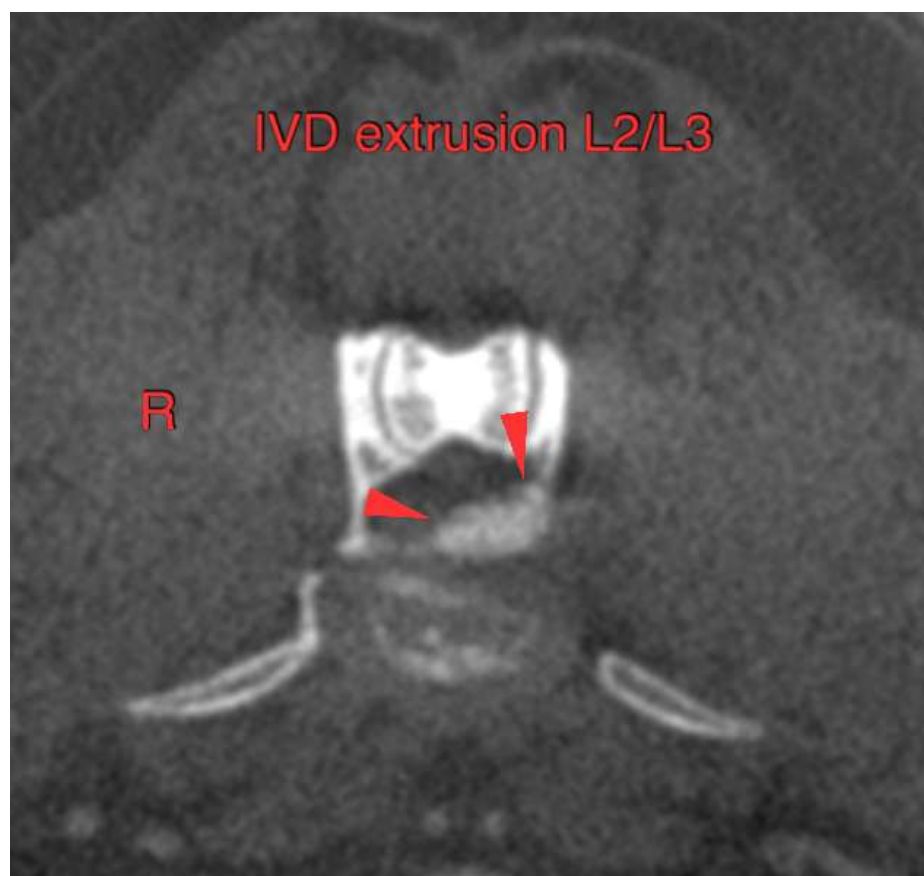
DATE

11-30-21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion L2/L3 is a potential explanation for the described clinical signs. Based on the current neurological clinical signs, the risks and chances of surgical decompression versus conservative management should be discussed with neurologist. However, if pain persists, surgical decompression appears beneficial.

The left hind limb presents without clinically relevant abnormalities.





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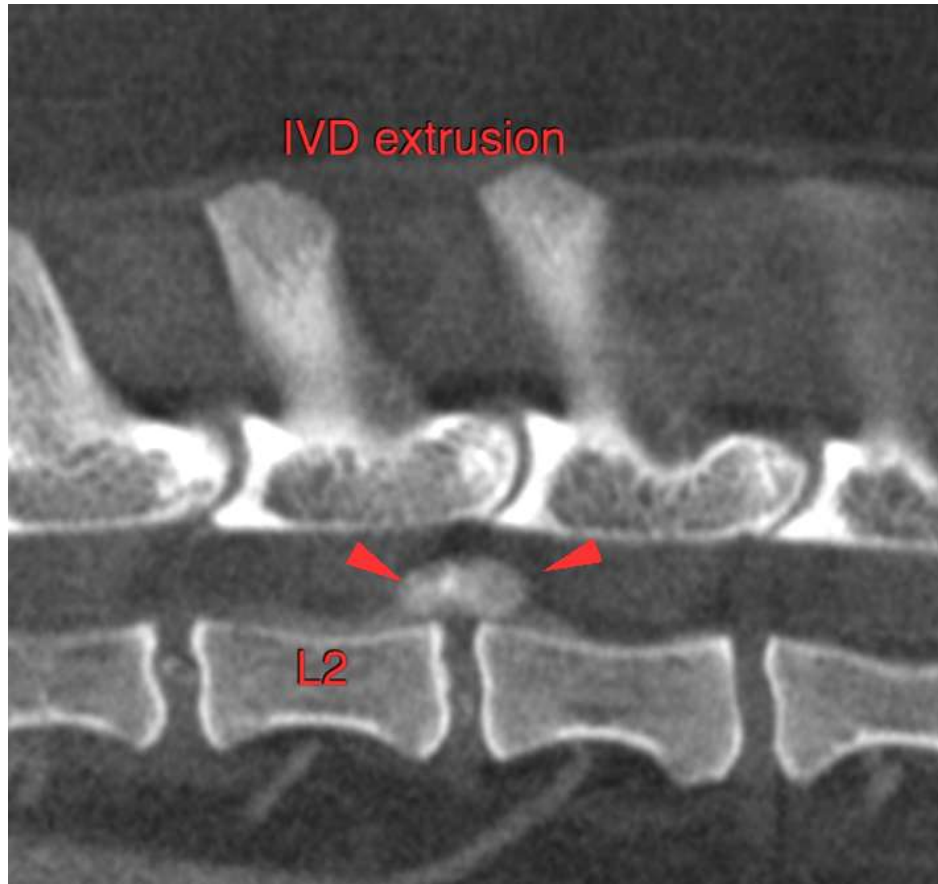
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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