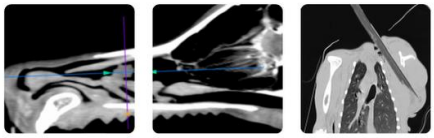

PATIENT

River Schrader

SPECIES

Canine

BREED

Brittany Spaniel

SEX

MN

AGE

9Y

WEIGHT

28.8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Lacey and Amanda

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

72492

DATE

11-4-25

PRESENTING CLINICAL SIGNS

History of bilateral hind leg paralysis for about 2 months. Mid-upper back pain on deep palpation. Improved with course of Prednisone but went backwards once course was finished. Currently on Prednisone 20 mg 1/2 tab TID, Gabapentin 300mg TID and Methocarbamol 500mg TID.
Abnormal PE/Chem/CBC/UA Results: Elevated: ALKP: 3935 U/L, ALT: 479 U/L, WBC: 30.07 K/µL, MONO: 2.19 K/µL, NEU: 25.85 K/µL Low :HCT: 35.7 %, CREA 0.4 mg/dL

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and soft tissue structures of the cervical spine present no abnormalities; post intrathecal contrast administration the spinal cord along the neck presents the expected diameter, unremarkable.

The dorsal lamina and spinous process T9/T10 are fused. The remainder of the osseous and soft tissue structures of the thoracic spine reveal no abnormalities.

In in the left lateral aspect of the epidural space level L1, soft tissue attenuating material is visible, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The soft tissue material in the epidural space level L1 is extending cranially up to the level of the cranial third of the vertebral body of L1 and caudally up to the level of the caudal vertebral endplate L1. The dural tube level L1 is deviated to the right and mildly distorted. Post intrathecal contrast administration the spinal cord level L1 is distorted.

The intervertebral discs L5/L6 and L6/L7 are bulging into the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

The remainder of the osseous and soft tissue structures of the lumbar spine and sacrum reveal no abnormalities.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided extradural soft tissue material level L1 with mild myelocompression and without osseous involvement
- Intervertebral disc protrusion L5/L6 and L6/L7 without compressive myelopathy
- Fused dorsal lamina and spinous process T9/T10
- Normal cervical spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chronicity of clinical signs, the extradural soft tissue material level L1 is concerning for soft tissue mass – such as neoplasia (e.g. round cell tumor, sarcoma) or granuloma formation; chronic hematoma may be a differential as well, but I consider the odds lower here. A CT series post iv contrast administration or MRI study can help to differentiate hematoma from soft tissue mass. The finding is a likely explanation for the presenting clinical signs.

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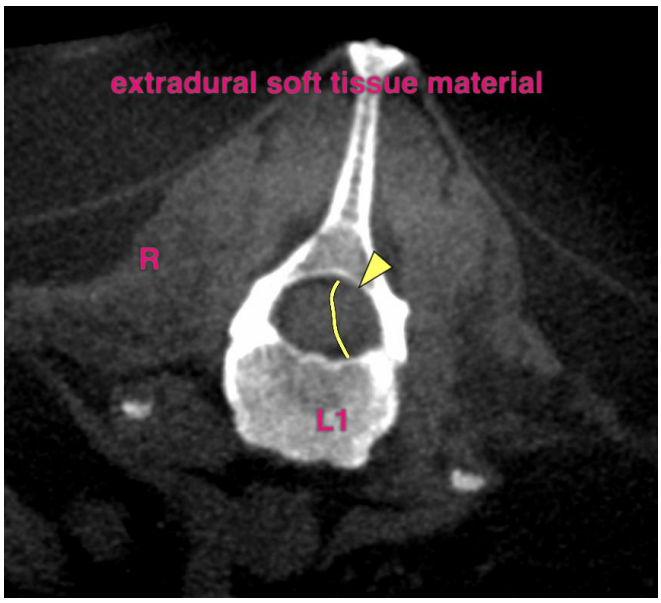

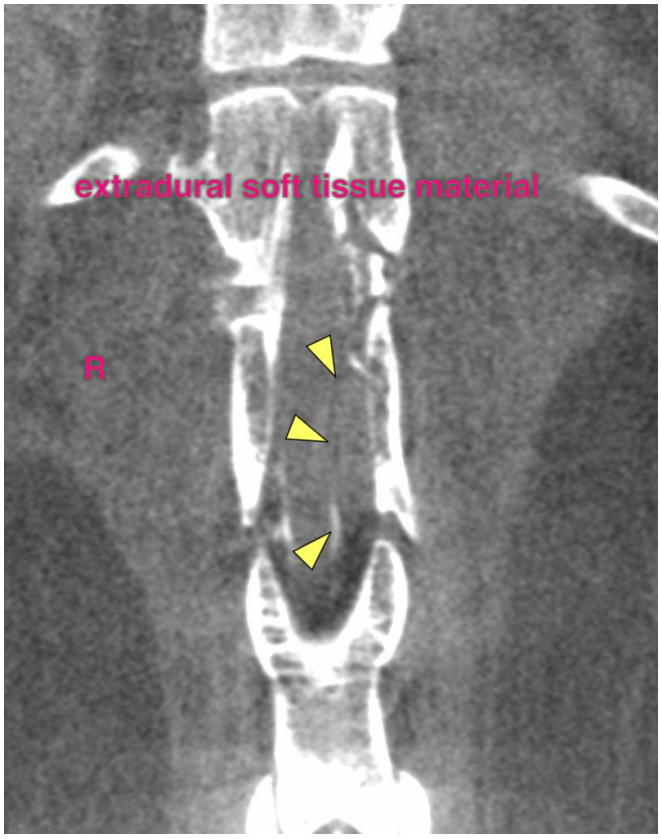

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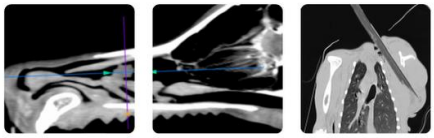

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com