



PATIENT

Pingu Ramos

SPECIES

Canine

BREED

Miniature Poodle

SEX

MN

AGE

5Y

WEIGHT

10.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Cesar Claro

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

72992

DATE

12-15-25

PRESENTING CLINICAL SIGNS

Presented with a Non-ambulatory paraplegia with severe loss of deep pain sensation in the hind limbs.
Abnormal PE/Chem/CBC/UA Results: Unremarkable

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A high resolution pre- and post-contrast (iv and myelogram) CT study of the entire spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

All intervertebral discs along the entire spine present variable degree of central mineralization.

The osseous and soft tissue structures of the cervical spine reveal no additional abnormalities.

The vertebral endplates along the thoracolumbar junction present mild spondylosis formation.

The intervertebral disc T13/L1 is bulging into the vertebral canal, occupying approximately up to 10% of the cross-sectional area of the vertebral canal at the same level.

The intervertebral disc space L1/L2 is moderately narrowed and presents a central vacuum phenomenon. Level with the intervertebral disc space L1/L2, a small amount of hyperattenuating material is seen in the epidural space, extending cranially up to the level of the cranial third of the vertebral body of L1 and caudally over the cranial third of the vertebral body L2. After intrathecal contrast administration, the contrast media is dissecting along the epidural space – resulting in an irregular appearance of the contrast column. The dural tube level L1 to L2 is circumferentially mildly distorted and mildly deviated to the left.

No additional abnormalities along the thoracic and lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Discopathy L1/L2 with likely secondary epidural hemorrhage and mild myelocompression
- Intervertebral disc protrusion T13/L1 with compressive myelopathy – likely chronic
- Generalized chondroid disc degeneration along the cervical, thoracic and lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The discopathy L1/L2 is likely the acute finding and in combination with the small amount of material in the epidural space at the same level I consider the odds for acute non-compressive nucleus pulposus extrusion with epidural hemorrhage high. Since the degree of myelocompression seems small, conservative treatment may be preferred over surgery.

The intervertebral disc protrusion T13/L1 is likely a chronic finding.



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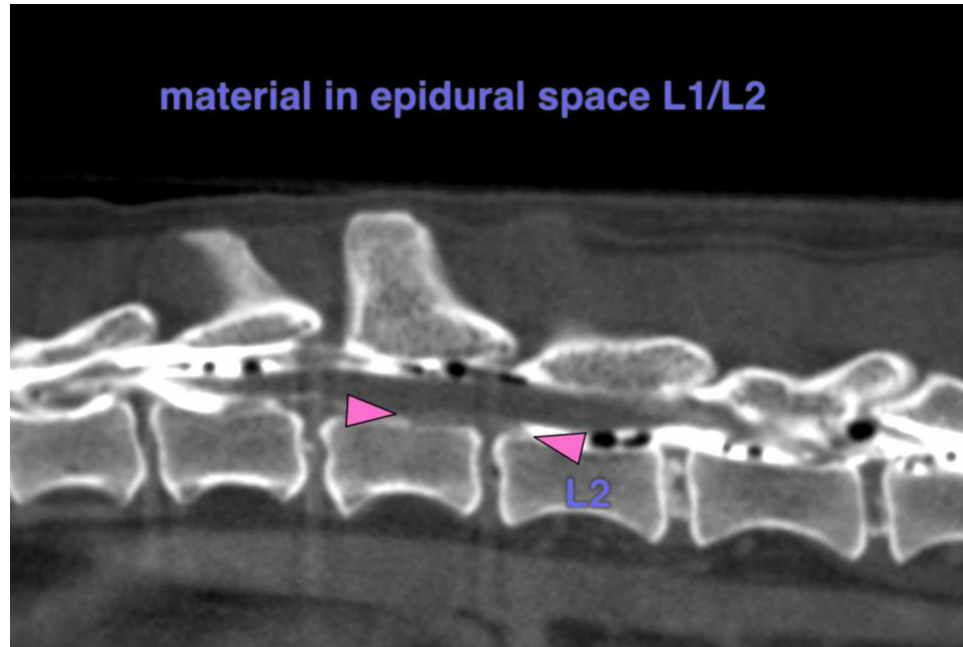
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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