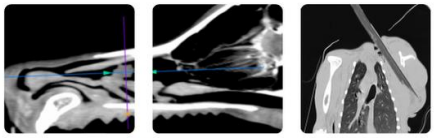

PATIENT

Bert Egerton

SPECIES

Canine

BREED

Maltese Cross

SEX

M

AGE

5

WEIGHT

8.3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Patricia Sanchez Sanchez

HOSPITAL NAME

Animal Trust - Bolton

REFERRING VET

Patricia Sanchez Sanchez

INVOICE

73130

DATE

12-29-25

PRESENTING CLINICAL SIGNS

Admitted 2 weeks ago due to pancreatitis which was treated and send it home. O brought in as V concerned about Bert O v concerned that route cause has not been identified and that he is still in pain despite the gabapentin and pardale OR main concern is doesn't want to move, lethargic, sluggish, won't jump up, very slow Is eating- always a fussy eater but will eat once daily at an evening meal only normally. Tense on abdo palpation, no propioception deficits in hind limbs, temp 39.5c Discussed possible spinal pain vs other. O wanted further investigation

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND ABDOMEN

A high resolution pre- and post-contrast CT study of the skull, neck and abdomen is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Triadan 206 is absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. In the medial aspect of the right external ear canal, a small amount of non-contrast enhancing material is visible.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

The anatomical structures of the neck reveal no abnormalities. The thyroid glands have the expected shape, size and attenuation behavior.

Abdomen

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

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, a bilaterally symmetric and uniform nephro- and pyelogram is noted.

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

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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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.

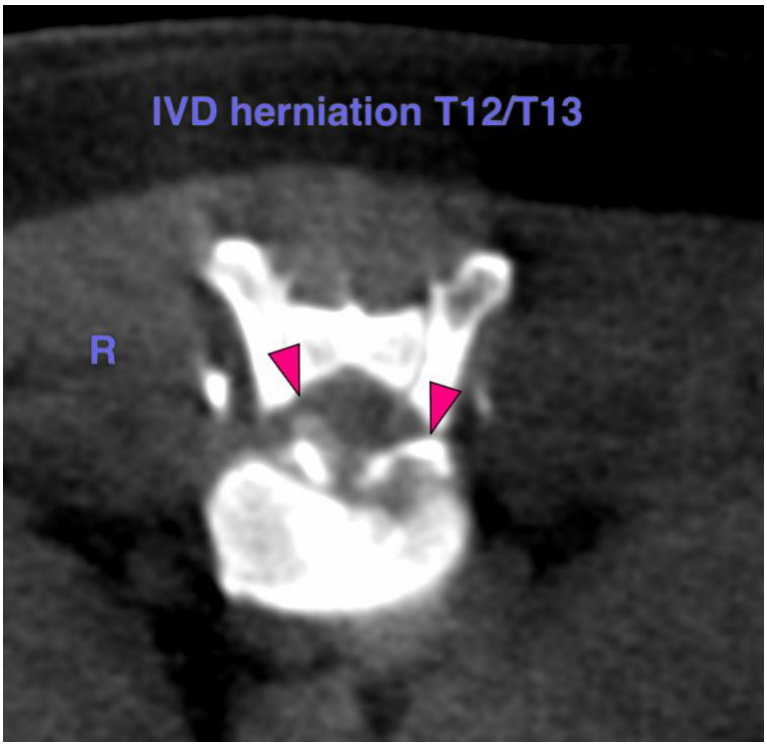
The intervertebral disc space T12/T13 is narrowed. Level with the intervertebral disc space T12/T13 in the ventral aspect of the vertebral canal, R>L, heterogeneous hyperattenuating material is visible, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation T12/T13 with compressive myelopathy, R>L
- Absent triadan 206
- Suspect small amount of cerumen right external ear canal

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are supporting the diagnosis of potential underlying spinal pain due to intervertebral disc herniation T12/T13 – the herniation appears to be chronic, and an acute exacerbation of a chronic condition may have contributed to the recent development of clinical signs. Depending on the development of clinical signs, surgical decompression may beneficial.



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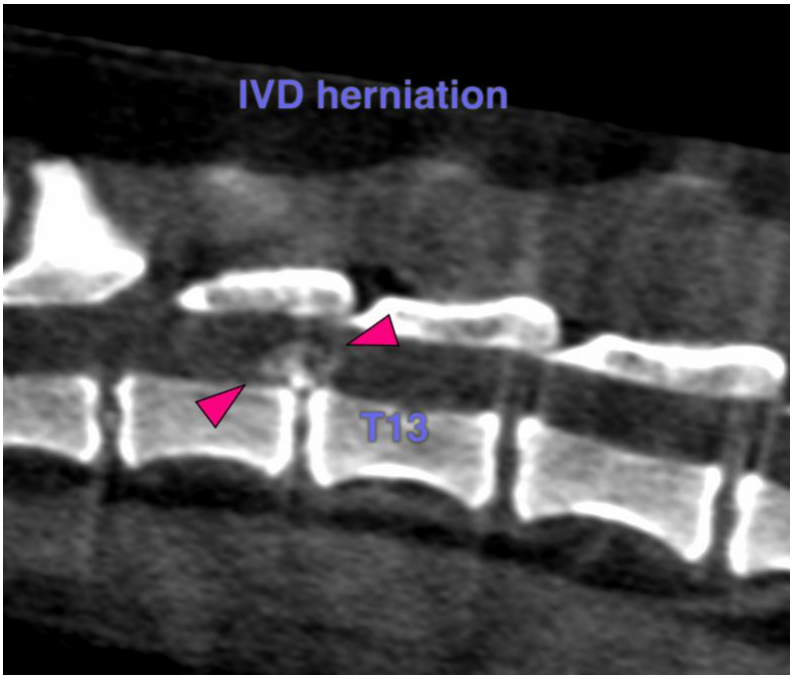

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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