



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Bohdi Kapusta

SPECIES
Canine

BREED
Labrador

SEX
Male

AGE
3.5 Years

INTERPRETED BY
Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME
Colyton Veterinary Hospital

REFERRING VET
Chris Papantonio

INVOICE
50290

DATE
2-15-22

Seen originally late last year due to intermittent lameness and stiffness in hindlegs. Lameness was associated with the RHL at the time but no pain was isolated to the hindlegs, good ROM of joints including the hips. Was consistently sore over lumbar spine and sacrum. Seemed to improve with NSAIDs but pain would return without NSAIDs. Recurring problem so referred for X-rays and CT scan. Physical Exam: No obvious ataxia at walk, no lameness seen either. No obvious muscle atrophy in hindlegs, no proprioception deficits, reflexes were normal. No hock or stifle pain. Physical examination was relatively normal until the hips and lumbar spine was manipulated. He was extremely painful with hip extension on both sides. Painful with lumbar and lumbo - sacral pressure. No reaction to tail jack but was consistently painful with hip extension or sacral pressure. Radiographs performed showed no obvious signs of hip dysplasia and OA, no significant lumbar spondylosis. Concerned about lumbosacral disease as possible cause of hindleg stiffness and pain. Ct - Native, Post IV Contrast and Post Myelogram

Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

A high resolution pre- and post- contrast and myelographic CT study of the lumbar spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 30% 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 are within normal limits. After intrathecal contrast administration, the subarachnoidal space presents an even width throughout, unremarkable.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion L7/S1 with possible dynamic compression of the cauda equina fibers

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is evidence of early stage of degenerative lumbosacral stenosis and the intervertebral disc protrusion can cause at least dynamic compression of the cauda equina fibers. Local glucocorticoid application may be tried in first instance to check if clinical signs improve.



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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
sebast.schaub@gmail.com