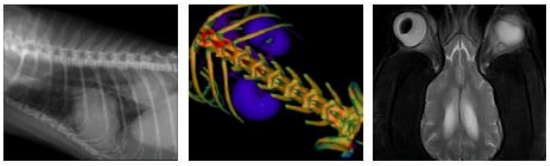
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™
SonoPath.com
1-800-838-4268 info@sonopath.com



PATIENT

Bruce Congleton

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

Joanna Bronson, DVM

INVOICE

56787

DATE

2-16-23

PRESENTING CLINICAL SIGNS

Bruce presents to MVCT for a CT of his entire spine. A pre- and 1 min- post contrast study submitted in axial rotation in bone and soft tissue algorithm. Bruce presented 2/7/23 to rDVM for extreme pain, decreased CPs in both hind limbs, and dragging rear paws at times. rDVM took initial radiographs, noting abnormalities in T9 to T12. He has been receiving laser treatments, tramadol, gabapentin, and prednisone to help manage his pain.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem WNL

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A pre- and post-contrast CT study of the entire spine in a bone and soft tissue reconstruction are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Multifocal mild mineralization of the intervertebral discs of the cervical, thoracic and lumbar spine is appreciated.

The subchondral bone of the vertebral endplates C2/C3 has mild irregular margins.

Multiple hemivertebra are seen along the thoracic spine. T12/T13 are fused.

Level with the intervertebral disc space L1/L2, L2/L3, L5/L6, mild mineralized disc material is bulging mildly into the vertebral canal, distorting the ventral epidural space. The lumbosacral intervertebral disc is bulging into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level. The disc material is bulging into the neuroforamina L7/S1 bilaterally and moderate new bone formation is seen within the respective neuroforamina.

Incomplete ossification of the corpus of S1 is noted.

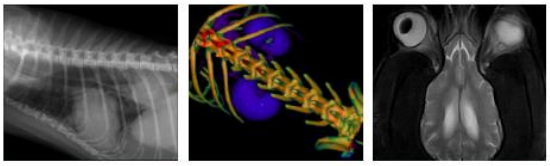
The subchondral bone of the vertebral endplates of the lumbosacral junction has irregular margins, and moderate spondylosis formation is seen at the ventral aspect of the respective vertebral endplates.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Degenerative lumbosacral stenosis with bilateral neuroforaminal stenosis
- Intervertebral disc protrusion L1/L2, L2/L3, L5/L6
- Block vertebra T12/T13
- Multiple hemivertebra along the thoracic spine
- Hemivertebra S1
- Multifocal chondroid disc degeneration

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents congenital malformation of multiple thoracic vertebra and chronic osseous remodeling of the subchondral bone level C2/C3 and L7/S1 due to chronic discopathy. No clinically relevant disc herniation is appreciated but multiple protrusions that might cause dynamic spinal cord compression and neuroforaminal stenosis L7/S1, especially the latter can be associated with pain but should not be associated with neurological deficits. If there is strong suspicion for compressive myelopathy, recommend complementing workup by a myelographic



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruce Congleton

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

Joanna Bronson, DVM

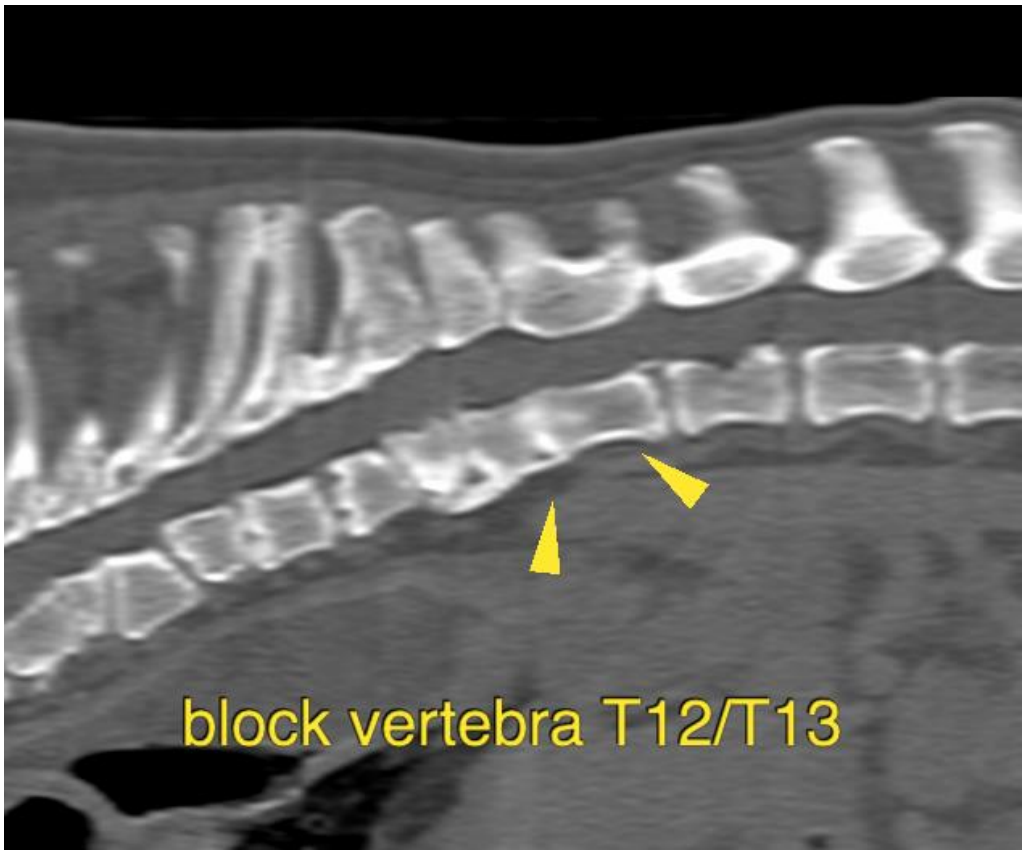
INVOICE

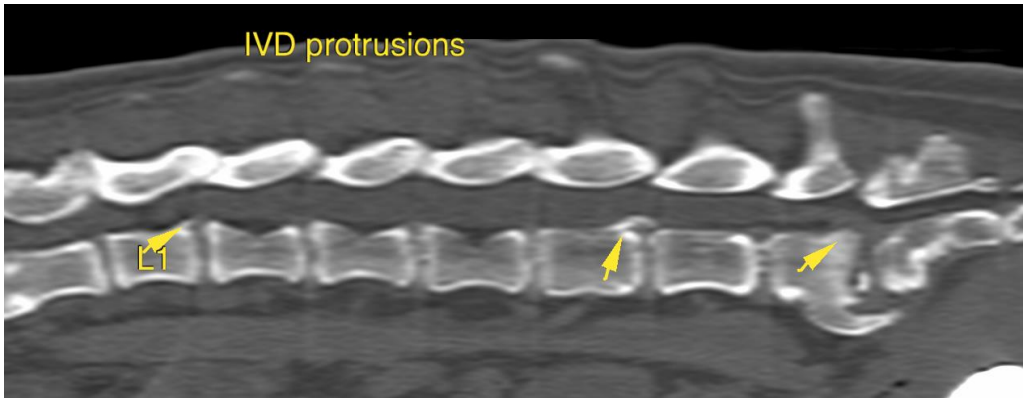
56787

DATE

2-16-23

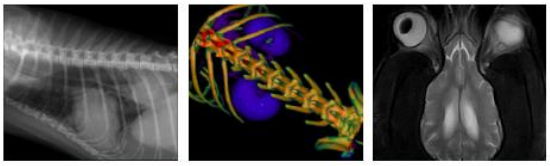
CT study or MRI study of the spine.





SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bruce Congleton

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

3

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Mobile Veterinary CT

REFERRING VET

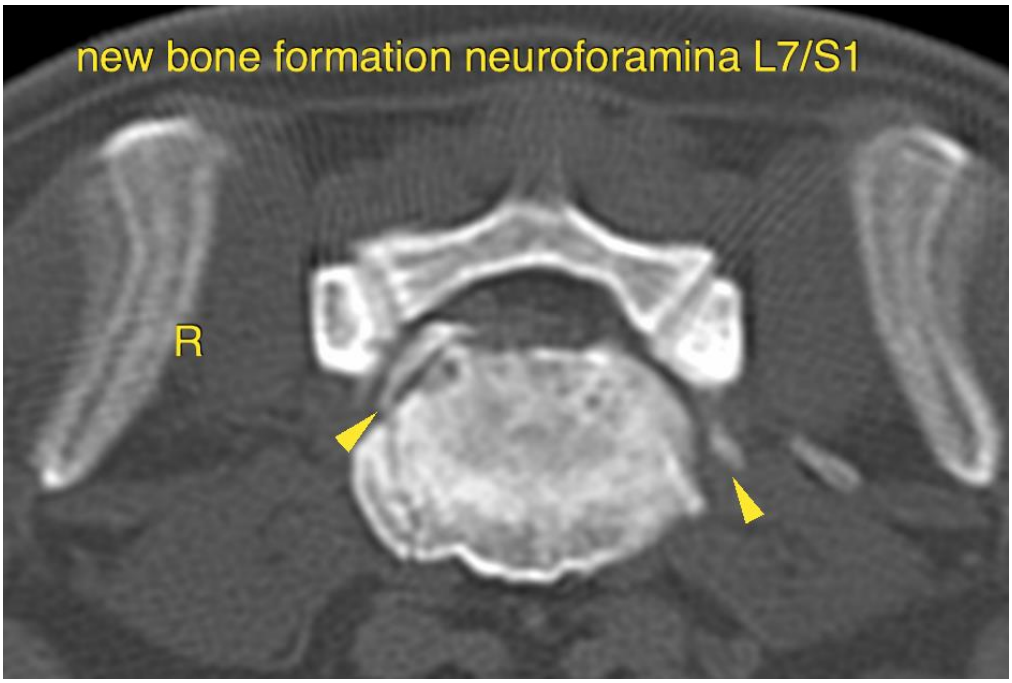
Joanna Bronson, DVM

INVOICE

56787

DATE

2-16-23



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