



PATIENT

Stanley Hamilton

SPECIES

Canine

BREED

Welsh Corgi

SEX

MN

AGE

10Y, 2M

WEIGHT

21.6lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

73841

DATE

2-18-26

PRESENTING CLINICAL SIGNS

- Stanley Hamilton presents for progressive hind limb knuckling, swaying, and ataxia; referral for CT and pending MRI.
- Patient History:
 - - 1 month progressive hind limb knuckling, swaying, ataxia; worsened over last 2 weeks.
 - - Chronic constipation; intermittent perianal ulceration, suspected immune-mediated etiology.
 - - Previous adverse reaction to prednisone: splenic enlargement, hemoabdomen, splenectomy; concern for hepatic neoplasia (liver biopsy negative).
 - - No response to steroids; constipation managed with lactulose PRN.
 - - No vomiting, diarrhea, or inappetence; eating and drinking normally.
 - - No evidence of pain on manipulation or at rest.
 - - No forelimb deficits.
 - - Previous hepatic nodules biopsied; all negative for neoplasia.
 - - Groomed regularly; long quicks noted.
 - -No current medications

Abnormal PE/Chem/CBC/UA Results: ABNORMALS: - Moderate dental disease - Long nails - Hind limb ataxia - CPs markedly delayed hind limbs - Palpable cutaneous masses: one on thorax, one on caudal aspect

COMPUTED TOMOGRAPHY OF THE THORACIC AND LUMBAR SPINE

A high resolution plain CT study of the thoracic and lumbar spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Level with the intervertebral disc spaces T11/T12 to L3/L4, disc material is protruding into the vertebral canal, occupying approximately $\leq 15\%$ of the cross-sectional area of the vertebral canal at the same level.

Multiple intervertebral discs along the thoracic and lumbar spine present mild central mineralization.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation T11/T12 to L3/L4 with possible dynamic myelocompression
- Multifocal chondroid disc degeneration along the thoracic and lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities that do explain the presenting clinical signs – I do not see evidence of extradural myelocompression, but the possible dynamic compression by the multifocal disc herniation that can be a source for intermittent pain but are unlikely to cause neurological deficits. An MRI may be considered as advanced imaging modality to screen for intradural pathology.



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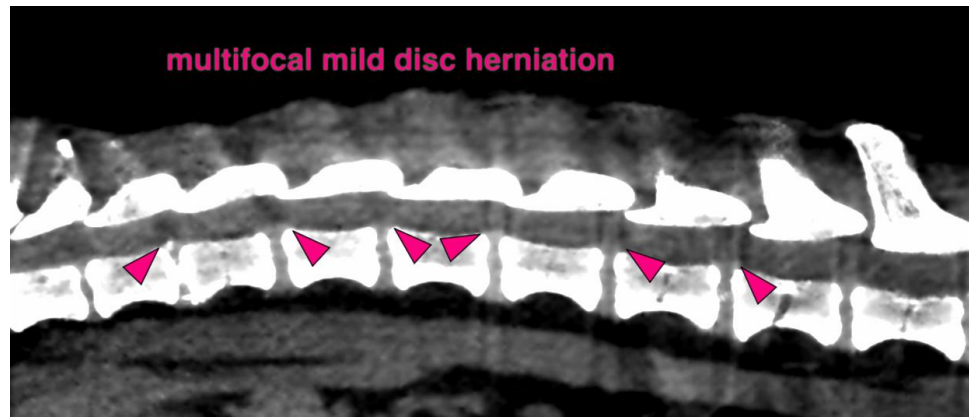
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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