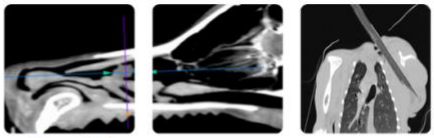

PATIENT

Alaska Rodriguez

SPECIES

Canine

BREED

Medium Mixed Breed

SEX

Spayed Female

AGE

12 Years

WEIGHT

26 pounds

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno
CVT- CT Scan Technician

HOSPITAL NAME

Veterinary Imaging Center

REFERRING VET

Dr. K. Miranda DVM

INVOICE

13918

DATE

02/19/26

PRESENTING CLINICAL SIGNS

- Acute onset on February 14, 2026, of severe pain with vocalization, urinary incontinence, and non-weight-bearing of the left pelvic limb. Patient was unable to stand or ambulate. No known trauma reported. Hospitalized for 48 hours. Radiographs showed no fractures or luxations. CBC and serum chemistry within normal limits. Managed with multimodal analgesia, including fentanyl transdermal patch. Minimal clinical improvement. Patient remains non-weight-bearing on the left pelvic limb and has difficulty ambulating. Orthopedic injury was initially suspected; however, based on progression and clinical findings, a spinal/neurologic lesion is now suspected.
- Reason for CT: Evaluate thoracolumbar and lumbosacral spine for possible intervertebral disc disease, spinal cord compression, or other neurologic pathology. Peracute onset (02/14/2026) of severe pain, vocalization, urinary incontinence, and acute non-weight-bearing left pelvic limb. No known trauma. Survey radiographs unremarkable for fracture or luxation. CBC/Chem WNL. Treated with multimodal analgesia including fentanyl patch, with minimal improvement. Patient remains non-weight-bearing LPL with ambulatory difficulty.
- Clinical Concern: Rule out intervertebral disc disease, spinal cord compression, nerve root compression, or other spinal pathology.
- Region of Interest: Thoracolumbar and lumbosacral spine.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

Level with the intervertebral disc space C6/C7, disc material is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level. The remainder of the osseous and soft tissue structures of the cervical spine are within normal limits.

Level with the intervertebral disc space T13/L1, very mild hyperattenuating material is appreciated in the right ventral aspect of the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

The intervertebral discs L4/L5, L5/L6 and L7/S1 are bulging into the vertebral canal occupying approximately ≤20% of the cross-sectional area of the vertebral canal at the same level.

Both kidneys present irregular margins with multiple concave depressions of the renal surface and a generalized decreased renal volume.

The spleen has a heterogeneous contrast enhancement pattern, present multiple, randomly distributed hyperattenuating nodules.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation C6/C7, T13/L1, L4/L5, L5/L6 and L7/S1 with possible dynamic myelocompression
- Chronic nephropathy

PATIENT

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SEX

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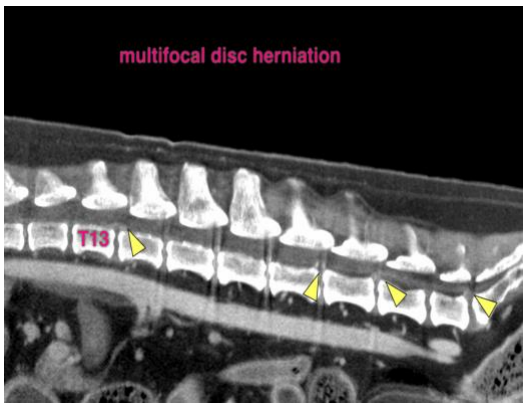
- Irregular contrast uptake of the splenic parenchyma – most consistent with nodular hyperplasia, splenitis or extramedullary hematopoiesis – FNA sampling can be performed to rule out infiltrative malignant disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study presents multiple intervertebral disc herniation that are considered to be chronic, and the clinical relevance is unclear – no disc herniation is appreciated that causes nerve root compression. Due to the acute onset and lack of muscular lesions, acute non-compressive nucleus pulposus extrusion may be a considered. If there is strong suspicion for intradural pathology, workup can be complemented by a myelographic CT study or MRI study of the spine.



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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com