



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Simon Novak

**SPECIES** Canine

**BREED** Mini Australian Shepard

**SEX** MN

**AGE** 6 Years

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

**HOSPITAL NAME** Mountain West Veterinary Hospital

**REFERRING VET** Andrew Burton

**INVOICE** 50589

**DATE** 2-28-22

**PRESENTING HISTORY AND DURATION:** P was playing fetch on Monday & yelped when he jumped to get the ball. P has not been using his rear legs since. Questions: What is your pet's birth date or approx. age: 6y Is your pet on any medications (Vitamins, supplements): Yes: -Trazadone, last given 3AM today -Gabapentin, last given 3AM today -Carprofen, last given yesterday 3PM When did your pet last get medications (If applicable): Has your pet been vaccinated in the last 1-3 years: Yes: Who is your primary veterinarian/clinic? Wilson Vet Has your pet traveled outside Utah within the last year: No Does your pet have any other current medical problems: No Is your pet indoor, outdoor, or both: Indoor What is your pet fed: Blue buffalo adult Any known allergies: No Verify through rDVM records that Depo Medrol was the steroid administered. Again ensure owner knows to discontinue carprofen. Discuss long acting steroid was administered, so no additional steroids at this time. Continue gabapentin and trazadone prn pain/sedation. Abnormal PE/Chem/CBC/UA Results: BAR, mm pink, no murmur ausculted, ambulatory in forelimbs, dragging hindlimbs when walking, weak motor function present on the left hindlimb when abdomen is supported, CPs absent right hind/inconsistent on left, no overt pain on palpation of spine, panniculus reflex present throughout TL spine, decreased patellar reflex on the right

**MAGNETIC RESONANCE IMAGING OF THE THORACIC & LUMBAR SPINE**

T2&T1 weighted pre- and post-gadolinium sequences in multiple imaging planes are provided for review.

**MAGNETIC RESONANCE IMAGING FINDINGS**

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The left rib of T13 presents a broad base and is fused with the vertebral body T13.

The intervertebral disc space T12/T13 is mildly narrowed. The intervertebral discs T12/T13&L2/L3 are mildly protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level, distorting the epidural space. The volume of the nucleus pulposus T12/T13 and L2/L3 is moderately decreased.

Post contrast administration no pathological distribution of contrast media is appreciated.

**MAGNETIC RESONANCE IMAGING DIAGNOSIS**

- Mild intervertebral disc protrusion T12/T13&L1/L2 with possible dynamic compressive myelopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The current MR study of the thoracic & lumbar spine presents without macromorphological abnormalities, explaining the acute onset of paraparesis. Given the acuter clinical course, either ischemic myelopathy (e.g. fibrocartilaginous embolism) or acute non-compressive nucleus pulposus extrusion are considered as the top differentials here.



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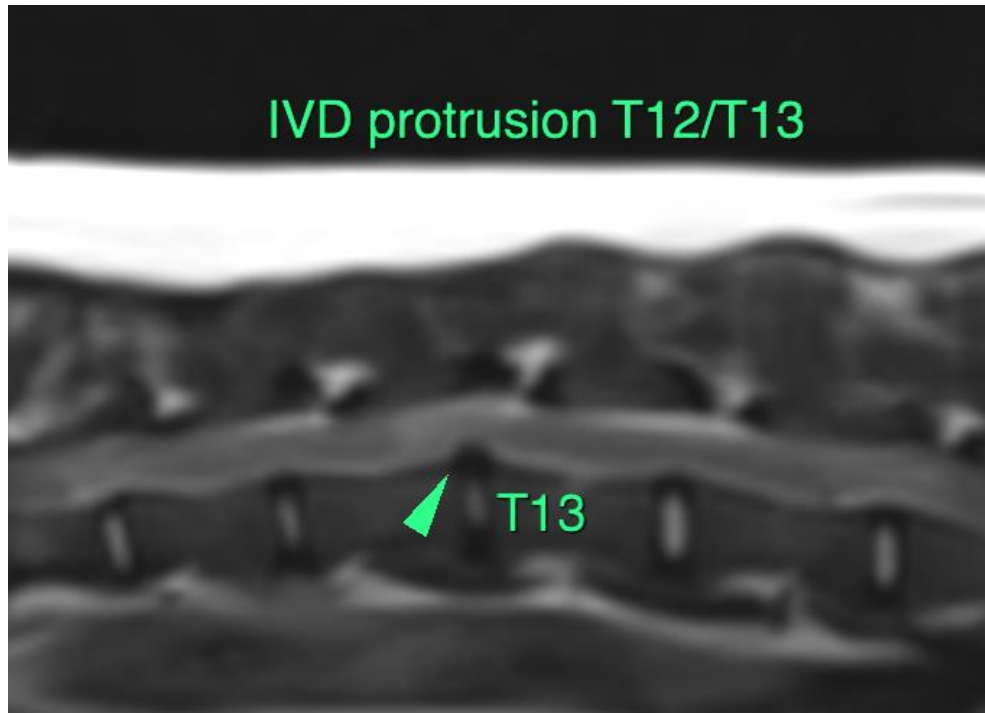
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
sebast.schaub@gmail.com