



## PATIENT

Mabel Borek

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Spayed Female

## AGE

3 Years

## WEIGHT

9.2 kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

## IMAGING PERFORMED BY

DG

## HOSPITAL NAME

Animal Surgical Center  
Oceanside

## REFERRING VET

Dr. Kamran

## INVOICE

14502

## DATE

03/19/26

## PRESENTING CLINICAL SIGNS

- paraparesis, CP deficits on both hind limbs. positive deep pain and motor function on both hind limbs, UMN patella reflex on both hind limbs. absent panniculus reflex, thoracic limbs wnl, cranial nerves intact

## COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

T6 to T11 are malformed with secondary distortion of the vertebral canal at the same level. Multifocal mild spondylosis formation is seen along the malformed thoracic vertebra.

Level with the intervertebral disc space L3/L4 mild mineralized disc material is protruding into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

Multiple intervertebral discs along the thoracic and lumbar spine present variable degree of central mineralization.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 30% of the cross-sectional area of the vertebral canal at the same level.

Post intrathecal contrast administration the subarachnoid space presents the expected width throughout, and the spinal cord has the expected diameter – but distortion of the subarachnoid space and spinal cord level with T10/T11.

The patella of both stifle joints is located cranial to the medial femoral condyle.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion L7/S1 without compression of the cauda equina fibers
- Congenital malformation T6 to T11 with secondary misshapen vertebral canal
- Spondylosis deformans
- 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 neurological clinical signs – there is no evidence of extradural myelocompression – but distortion of the spinal cord level T10/T11 due to the congenital malformation. Possible differentials for the paraparesis can include ischemic myelopathy (e.g. fibrocartilagenous embolism) or acute non-compressive nucleus pulposus extrusion.



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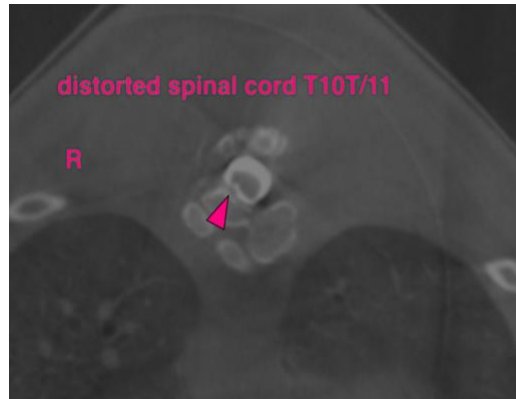
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)