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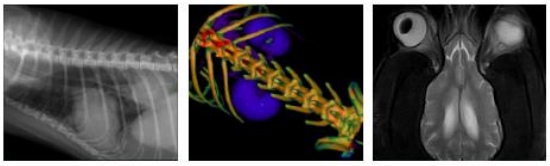

PATIENT

Rocko Hoefs

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

4 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

51099

DATE

3-22-22

PRESENTING CLINICAL SIGNS

Acute paralysis 1 month ago. Referred for Acupuncture/Chiropractic treatment. On presentation Feb 22, 2022: No back or neck pain elicited on exam. Bilateral hind lack of C.P., but deep pain is present, can subtly stand in position with the balance of hand. At recheck on March 2, 2022 had improvement still unable to walk, but could stand with help, incontinent. At recheck on March 10, 2022 still unable to walk, but can stand. At recheck on March 17, 2022 able to drag back feet better. At today's exam: ataxia/hemiwalk deficient worse on right. Cervical pain on palpation. Has improved since last visit at home, but still doesn't seem right. Was on prednisone
Abnormal PE/Chem/CBC/UA Results: Slightly increased ALT/AlkPhos.

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

In all intervertebral disc spaces of the cervical spine, small mineralizations are present. The remainder of the osseous and soft tissue structures of the cervical spine are within normal limits. T4&T5 present as hemivertebra with focal kyphosis of the thoracic spine.

Level with the intervertebral disc space L3/L4, accentuated in the left ventrolateral aspect of the vertebral canal, heterogeneous hyperattenuating material is visible, occupying approximately up to 20% of the cross-sectional area of the vertebral canal at the same level. After intrathecal contrast administration, the subarachnoid space level L3/L4 is compressed in the ventrolateral aspect bilaterally.

The vertebral endplates of the lumbosacral junction present moderate spondylosis formation. The lumbosacral intervertebral disc is mildly protruding into the vertebral canal and obliterating the left neuroforamen L7/S1. The left spinal nerve L7 is moderately thickened.

A separate right & left caudal vena cava of the pre-renal segment is present.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion L3/L4 with likely dynamic spinal cord compression
- Left sided neuroforaminal stenosis L7/S1 with secondary segmental neuropathy left spinal nerve L7
- Hemivertebra T4&T5 with local kyphosis of the thoracic spine
- Multifocal chondroid disc degeneration
- Double caudal vena cava – pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with intervertebral disc extrusion L3/L4 with likely dynamic spinal cord compression. As the compression is only mild, the extruded disc material is a potential source for pain, but unlikely to be associated with neurological deficits. Given the acute onset of clinical signs, potentials are ischemic myelopathy (e.g. fibrocartilaginous embolism) or acute non-compressive nucleus pulposus extrusion.

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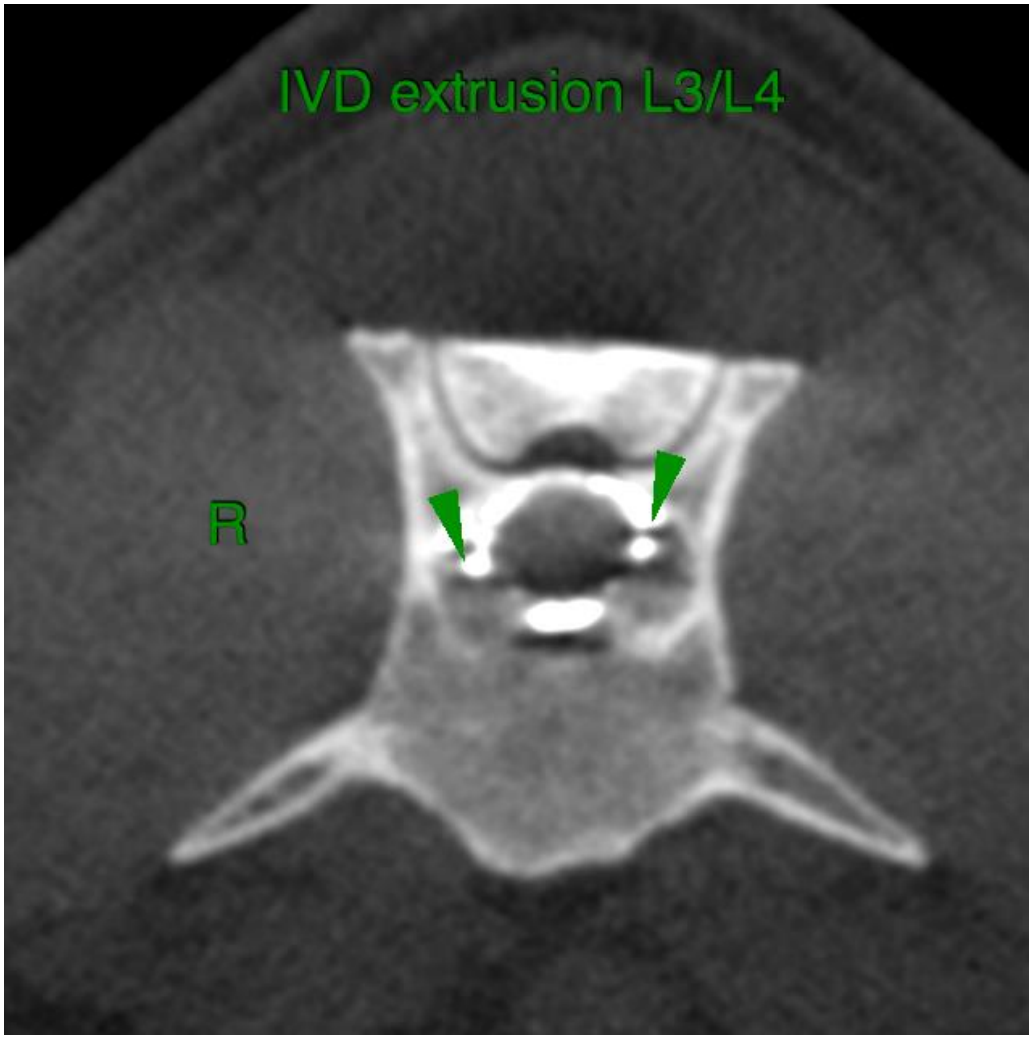
The clinical relevance of the neuroforaminal stenosis L7/S1 with neuritis of the left spinal nerve L7 is unclear.

Recommend continuation of conservative therapy, including physical therapy.



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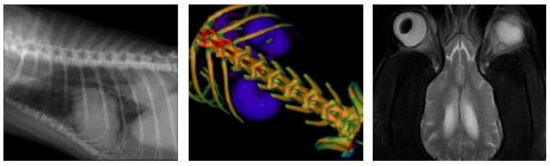

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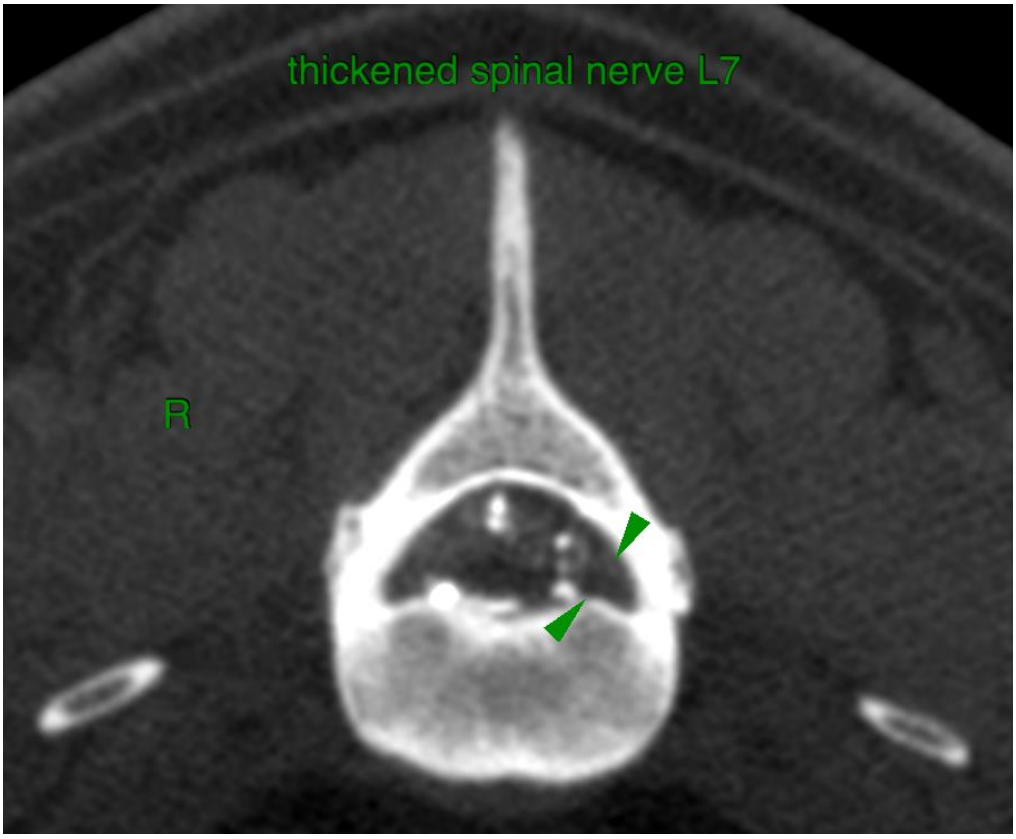

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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