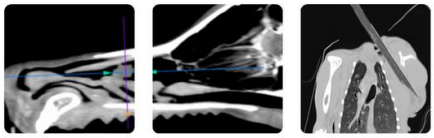

PATIENT

Brody Colavolpe

SPECIES

Canine

BREED

Lhasa Apso

SEX

MN

AGE

9Y

WEIGHT

8kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Christina Nunez

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Dr. Kamran Babamohammadi

INVOICE

74287

DATE

3-23-26

PRESENTING CLINICAL SIGNS

paraparesis, CP deficits on both hind limbs, positive deep pain on both hind limbs, questionable motor function on both hind limbs, decreased patella reflex on both hind limbs, pain on palpation of lower lumbar spine, thoracic limbs wnl, CNS intact

COMPUTED TOMOGRAPHY 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.

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

The intervertebral disc space L2/L3 is mildly narrowed, and the respective intervertebral disc presents central mineralization. Level with the intervertebral disc space L2/L3, in the left ventral and left ventral aspect of the vertebral canal, heterogeneous hyperattenuating material is appreciated, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material level with the intervertebral disc space L2/L3 is extending cranially over the caudal third of the vertebral body of L2 and caudally over the cranial third of the vertebral body L3. Post intrathecal contrast administration, the subarachnoid space level L2/L3 is dorsally and ventrally compressed, and the spinal cord is deviated dorsally and to the right and distorted.

Level with the intervertebral disc space L5/L6, disc material is bulging into the vertebral canal occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

In the subcutaneous tissue dorsal to the spinous process L4, a well-defined nodule is seen.

The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided intervertebral disc extrusion L2/L3 with compressive myelopathy
- Intervertebral disc protrusion L5/L6 without compressive myelopathy
- Chondroid disc degeneration L2/L3 and L5/L6
- Non-specific subcutaneous nodule left dorsal aspect spinous process L4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion L2/L3 is a plausible explanation for the presenting clinical signs and surgical decompression is beneficial.

PATIENT

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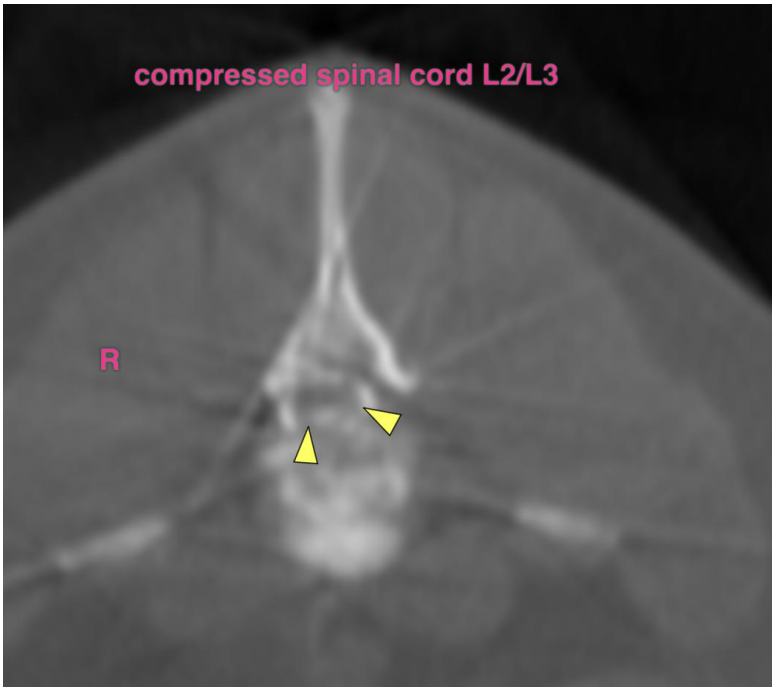

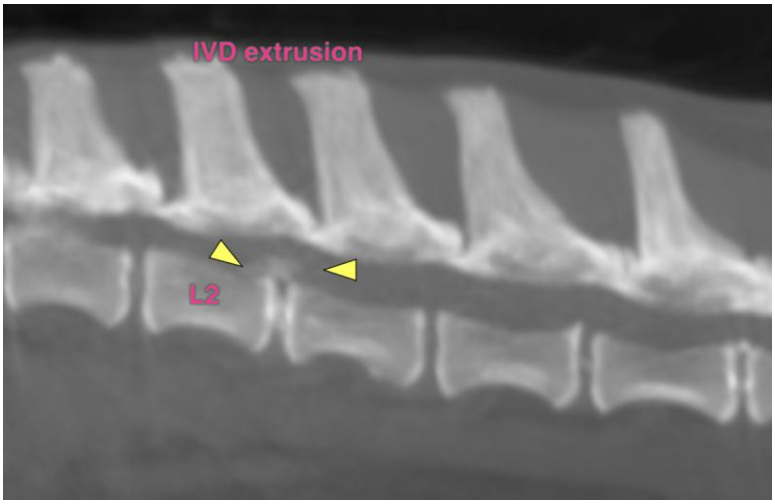

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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