



## PATIENT

Tomas Nanco

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neuter

## AGE

4Y

## WEIGHT

14.5lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

HVSFA

## HOSPITAL NAME

Hospital Veterinario  
San Francisco de Asis

## REFERRING VET

Maricarmen Vega

## INVOICE

74311

## DATE

3-23-26

## PRESENTING CLINICAL SIGNS

- Patient presented with weakness of bilateral hindlimbs since Saturday and was evaluated at an emergency clinic. The patient was started on Carprofen, Gabapentin, and Methocarbamol.
- On today's physical exam, the patient is paraplegic in the hindlimbs, retains deep pain sensation, has absent conscious proprioception, and decreased patellar reflexes.

## COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

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

The intervertebral disc space T13/L1 is moderately narrowed, and a faint vacuum phenomenon is seen in the respective intervertebral disc space. Level with the intervertebral disc space T13/L1, in the right lateral aspect of the vertebral canal, mild hyperattenuating material is appreciated, occupying approximately up to 60% of the cross-sectional area of the vertebral canal at the same level. The mild hyperattenuating material is extending cranially up to the level of the cranial vertebral endplate T13 and caudally up to the level of the caudal third of the vertebral body L1. The dural tube level T13/L1 is deviated to the left and compressed. The dural tube up to the level of T6 cranially and L2/L3 caudally is partially surrounded by mild hyperattenuating material.

Level with the intervertebral disc spaces L2/L3 and L3/L4, mild hyperattenuating material is bulging into the vertebral canal, occupying approximately up to 15% of the cross-sectional area of the vertebral canal at the same level.

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

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided intervertebral disc extrusion T13/L1 with compressive myelopathy and likely extensive hemorrhage along the thoracic spine
- Intervertebral disc protrusion L2/L3 and L3/L4 with possible dynamic myelocompression
- Generalized chondroid disc degeneration along the thoracic and lumbar spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion T13/L1 is a plausible explanation for the presenting clinical signs and surgical decompression is advised.



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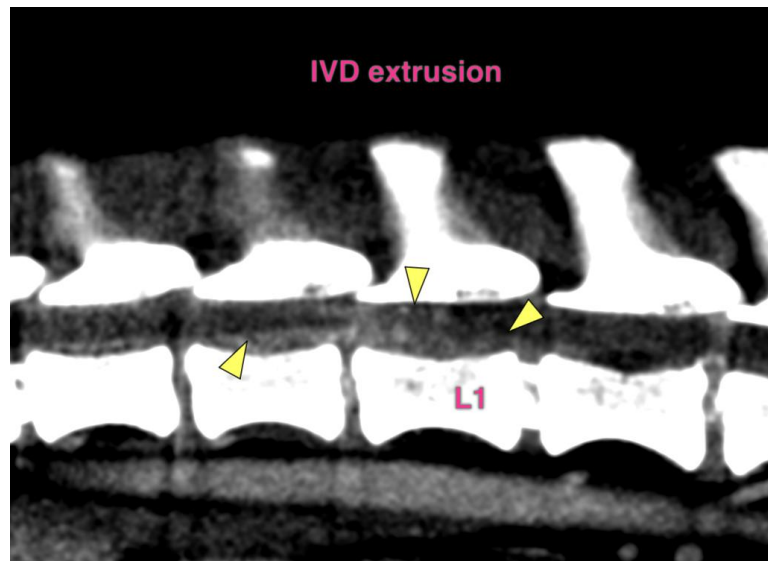
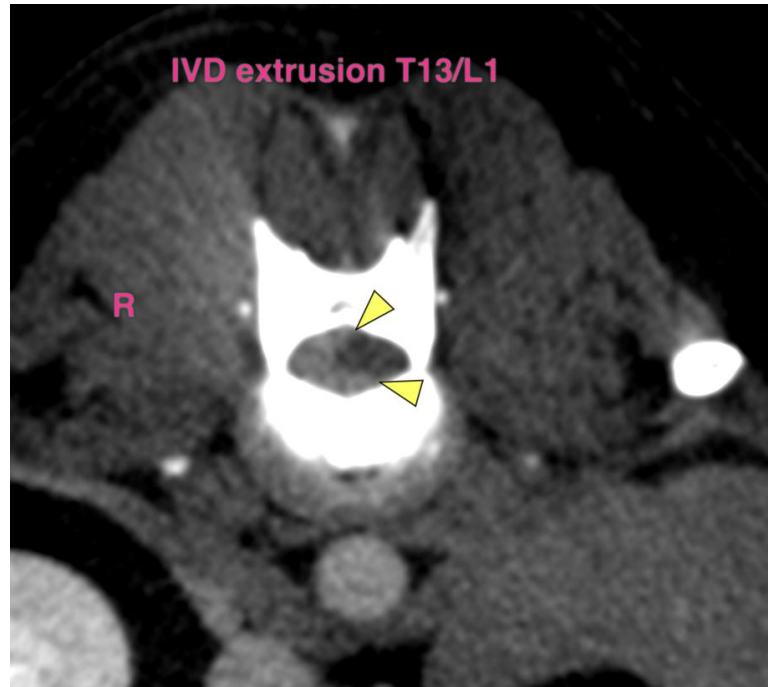
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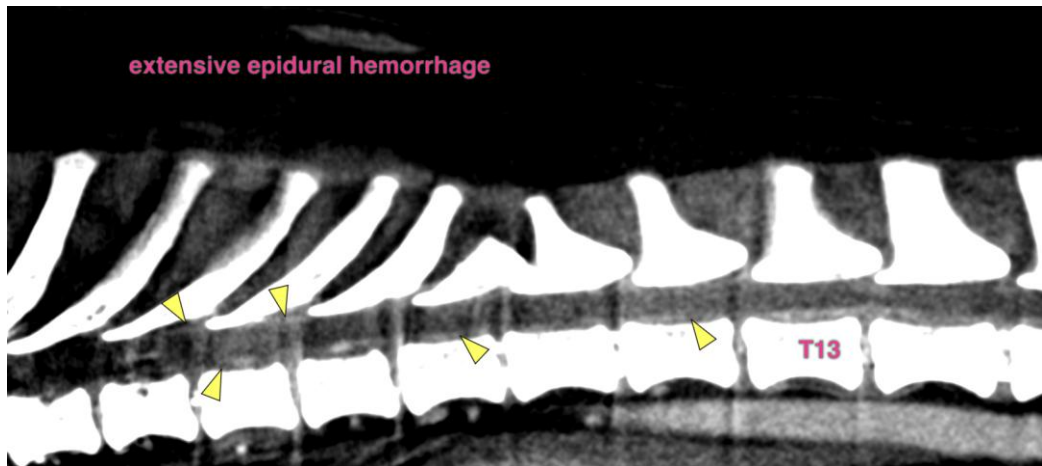
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
[info@sonopath.com](mailto:info@sonopath.com)