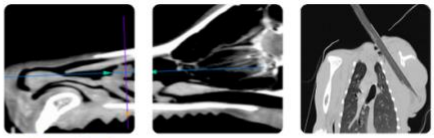

Teleradiology
Educational Teleconsultation Services™

PATIENT

Nara Perez

SPECIES

Canine

BREED

Dachshund

SEX

Female

AGE

5

WEIGHT

14

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs AH

REFERRING VET

Dr. Eduardo Garcia

INVOICE

36434

DATE

3/28/26

PRESENTING CLINICAL SIGNS

Nara is a Dachshund presenting for a lack of improvement in a neurological disorder despite over a week of treatment. The patient can stand but is unable to walk. She continues to move her tail and has normal control of defecation and urination. Nara has been receiving medical therapy, which includes prednisone, gabapentin, tramadol, and methocarbamol, for over a week. She also undergoes pulsed laser therapy to the affected region every 72 to 96 hours and received her third of six planned sessions today. No signs of recovery or clinical improvement have been observed with her current regimen.

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

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

The intervertebral disc space T11/T12 is moderately narrowed. Level with the intervertebral disc space T11/T12, in the right lateral aspect of the vertebral canal, heterogeneous hyperattenuating material is seen occupying approximately up to 85% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material is extending cranially up to the level of the cranial third of the vertebral body T11 and caudally up to the level of the caudal third of the vertebral body of T12. The dural tube level T11/T12 is deviated to the left and compressed.

The intervertebral disc T13/L1 is bulging into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Right sided intervertebral disc extrusion T11/T12 with compressive myelopathy
- Intervertebral disc protrusion T13/L1 without compressive myelopathy
- Multifocal chondroid disc degeneration along the entire spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion T11/T12 is a plausible explanation for the presenting clinical signs and surgical decompression is beneficial.

PATIENT

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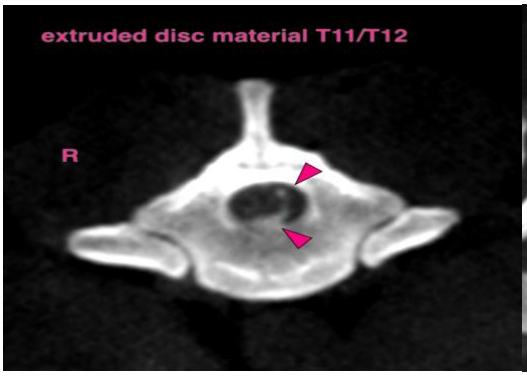

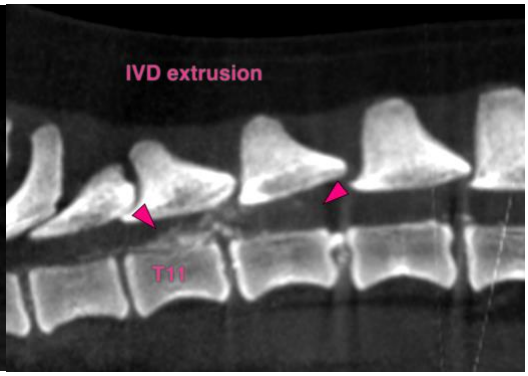

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com