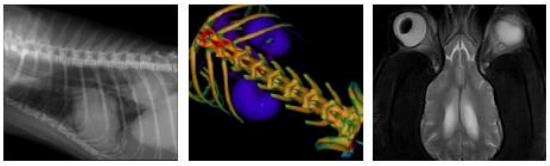

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Oliver Ginty

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered Male

**AGE**

12 Years

**INTERPRETED BY**

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Animal Surgical Center

**REFERRING VET**

ASC

**INVOICE**

14501

**DATE**

3/31/22

## PRESENTING CLINICAL SIGNS

History: hx of bulging disc in the T-L region. past 6 weeks negative cp's, loss of bowel control (ataxia)

## COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The intervertebral disc C6/C7 is mild to moderately protruding into the vertebral canal, compressing the subarachnoidal space in the right ventral aspect and mildly distorting the spinal cord at the same level. The intervertebral disc C6/C7 is occupying approximately 15% of the cross-sectional area of the vertebral canal at the same level.

Multiple small gas bubbles are seen in the subarachnoid space level with the thoracolumbar junction. The intervertebral discs T11/T12 to T13/L1 and L5/L6 are mildly protruding into the vertebral canal, distorting the ventral epidural and subarcachnoidal space at the same level.

The spinal cord level with the intervertebral disc space T12/T13 presents a hourglass shaped conformation and decreased volume.

The central canal level with the caudal vertebral endplate of L1 up to the cranial vertebral endplate of L5 is significantly widened, measuring up to 3.5 mm in diameter. Level with the intervertebral disc space L4/L5, a connection between the central canal and the subarachnoid space in the left ventrolateral aspect of the spinal cord is appreciated.

Both coxofemoral joints present moderate osteophyte new bone formation.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Segmental atrophy of the spinal cord level T12/T13
- Moderate intervertebral disc protrusion C6/C7 with compressive myelopathy
- Mild intervertebral disc protrusion T11/T12 to T13/L1 and L5/L6 with possible dynamic spinal cord compression
- Dilation of central canal level L1 to L5 with small defect in the spinal cord level L4/L5
- Degenerative osteoarthrosis coxofemoral joints bilaterally

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental atrophy of the spinal cord is considered as the main concern in this case and can be a sequela to repetitive trauma (e.g., by the intervertebral disc protrusion – expect progressive deterioration of clinical signs), acute non-compressive nucleus pulposus extrusion or ischemic insult

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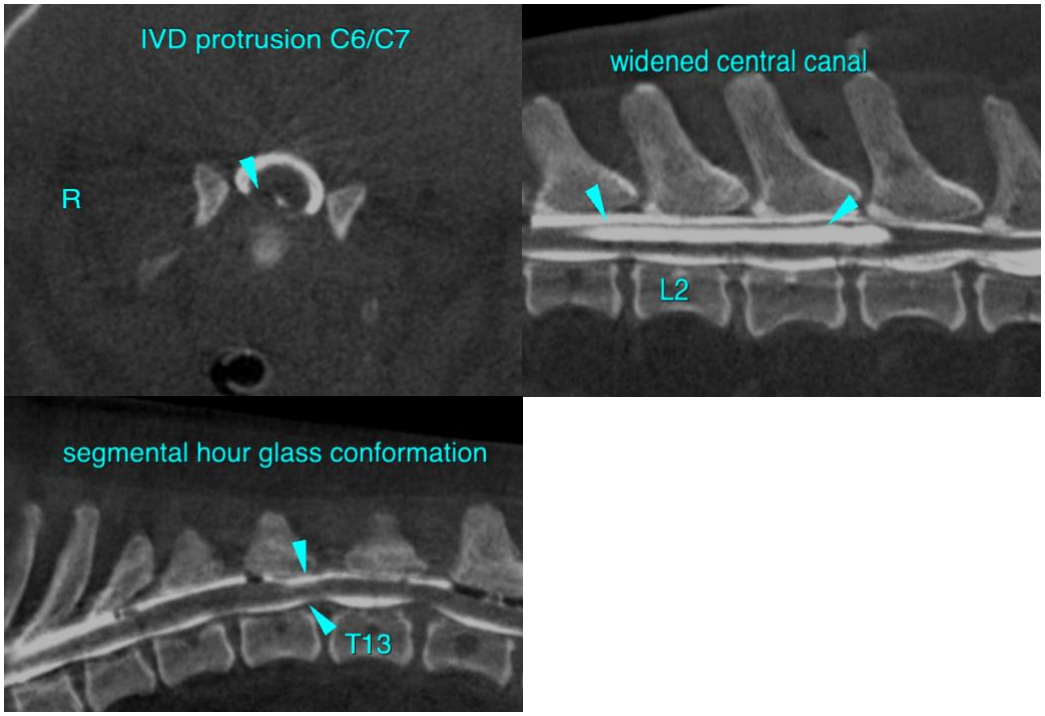
with secondary gliosis (would expect acute onset of clinical signs). The generalized segmental loss of volume and lack of typical tear-drop shaped widening of the subarachnoid space is rendering the diagnosis of subarachnoid diverticulum unlikely.

MRI can be used to confirm suspected gliosed. Due to the suspected chronicity of the changes of the spinal cord without significant intervertebral disc protrusion, treatment options are limited to conservative management including physical therapy.

The intervertebral disc protrusion C6/C7 can be a source for pain but does not explain the current clinical signs.

The widening of the central canal might be due to inadvertent puncturing of the spinal cord – commonly without clinical relevance.




**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

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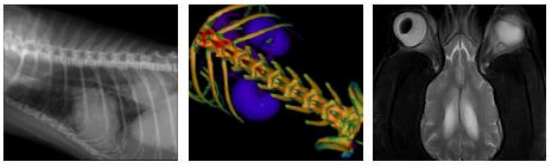

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