



PATIENT

Buddy Lindner

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Neutered Male

AGE

8 Years

WEIGHT

6.2 kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

Lisa S.

HOSPITAL NAME

ASC Oceanside

REFERRING VET

Dr. Jennifer Short

INVOICE

36137

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Alert/appropriate, pelvic limb ataxia and CP deficits (L>R), back pain over proximal lumbar spine light palpation, ambulatory with motor function
- T3-L3 neuropathy- suspect IVDD vs other
- Prior history- back pain that resolved with medical management.

COMPUTED TOMOGRAPHIC STUDY 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.

Multiple intervertebral discs along the thoracic & lumbar spine present central mineralization.

In the mid ventral aspect of the vertebral canal, level with the intervertebral disc space L3/L4, heterogeneous mineral attenuating material is appreciated, occupying approximately up to 25% of the cross-sectional area and 50% of the height of the vertebral canal at the same level. The heterogeneous hyperattenuating material level L3/L4 is extending cranially up to the level of the mid third of the vertebral body of L3 and caudally over the cranial third of the vertebral body L4. Post intrathecal contrast administration the spinal cord level L3/L4 is displaced dorsally and distorted.

Post intrathecal contrast administration, level with the intervertebral disc spaces T13/L1, L1/L2, L2/L3 and L4/L5 the ventral subarachnoid space is compressed by extradural material – partially distorting the spinal cord level L1/L2 from the right ventral aspect.

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

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic intervertebral disc protrusion L1/L2 and L3/L4 with myelocompression
- Chronic intervertebral disc protrusion T13/L1, L2/L3 and L4/L5 with possible dynamic myelocompression
- Multifocal chondroid disc degeneration along the thoracic and lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc protrusion L1/L2 and L3/L4 are a likely cause for the described clinical signs. As the disc herniation are considered to be chronic, an acute exacerbation of a chronic condition may have caused the recent development of clinical signs. The remaining disc herniation can contribute to dynamic pain as well.



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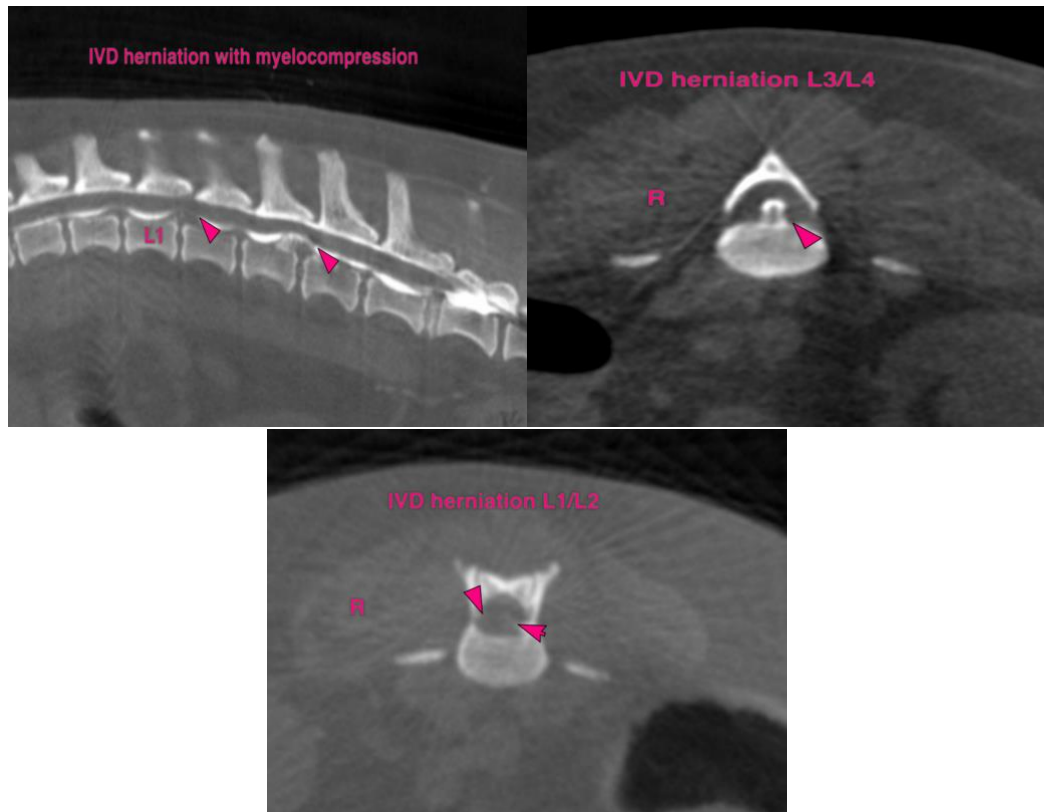
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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