



## PATIENT

Toby Zaballero

## SPECIES

Canine

## BREED

Whippet Mix

## SEX

MI

## AGE

12Y

## WEIGHT

6.13kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Lucy

## HOSPITAL NAME

Bridgwater Veterinary  
Hospital and Wellness  
Centre

## REFERRING VET

Dr. M. Sra

## INVOICE

74101

## DATE

3-9-26

## PRESENTING CLINICAL SIGNS

- Sudden onset of Ataxia, stumbling in the room, mostly walks in circles to the left. No head tilt. CP absent in the LFL, Sluggish in the RFL. CP absent in the LFL. Slight discomfort on the spinal palpation (TL area). Has gr 3/6 heart murmur

Abnormal PE/Chem/CBC/UA Results: CBC: Low RBC's, High WBC's - mild toxic change on neutrophils and lymphocytes. Chem: NSF, T4: Low, 11nmol/L.

## COMPUTED TOMOGRAPHY OF THE SKULL AND CERVICAL, THORACIC AND LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

### Skull

Multiple teeth are absent.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

### Thorax

Level with the intervertebral disc space C7/T1, disc material is protruding 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 spine reveal no abnormalities.

The osseous and soft tissue structures of the thoracic spine are unremarkable; the dural tube presents the expected diameter throughout.

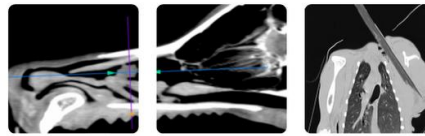
Level with the intervertebral disc space T13/L1 disc material is protruding into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level.

The vertebral endplates L2/L3 present mild spondylosis formation.

No additional abnormalities along the anatomical structures of the lumbar spine

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple absent teeth
- Intervertebral disc herniation C7/T1 and L2/L3 without compressive myelopathy



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- Spondylosis deformans L2/L3
- Multiple absent teeth
- No evidence of otitis media nor interna
- Normal brain

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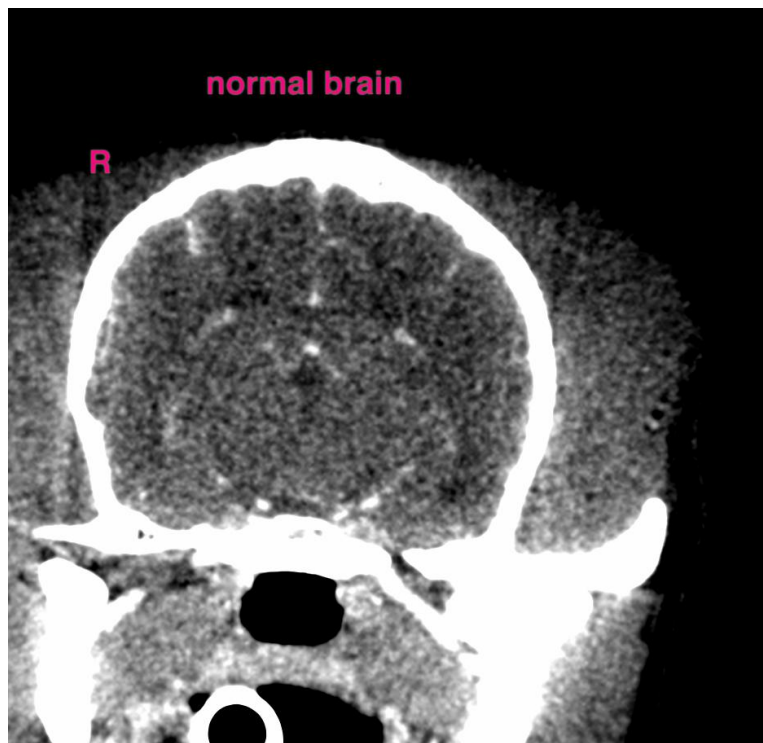
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no abnormalities, that do explain the presenting clinical signs; there is no evidence of extradural myelocompression. If there is strong suspicion for isoattenuating extradural material or intradural pathology, workup can be complemented by a myelographic CT study or MRI study of the spine. Due to the acute onset of clinical signs, an ischemic insult or acute non-compressive nucleus pulposus extrusion are potentials.



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)