



**PATIENT PRESENTING CLINICAL SIGNS**

Mia Delano PATIENT PRESENTED FOR ACUTE PARAPARESIS, THE SYMPTOMS STARTED A WEEK AGO WITH WALKING DIFFICULTY ON HIND LEGS.  
Abnormal PE/Chem/CBC/UA Results: ALT 129 GLU 120

**SPECIES COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

**BREED** THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Mix Mild motion artifacts are seen along the thoracic and lumbar spine.

The osseous and soft tissue structures of the cervical spine present without abnormalities.

**SEX** The intervertebral disc space T12/T13 is narrowed. Level with the intervertebral disc space T12/T13 and extending caudally up to the level of the caudal vertebral endplate of T13, very mild hyperattenuating material is seen in the left ventral aspect of the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

Spayed

**AGE** Multiple intervertebral discs along the lumbar spine present mild central mineralization. The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

8 Years

**INTERPRETED BY**

The gluteus medius muscle bilaterally – adjacent to the greater trochanter – and multifocal the proximal thigh musculature present zones of heterogeneous contrast enhancement.

The urinary bladder wall is generalized thickened, measuring up to 6.3 mm in width.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Suspect intervertebral disc extrusion T12/T13 likely with compressive myelopathy
- Multiple heterogeneous contrast enhancing zones gluteal and proximal thigh musculature bilaterally
- Chondroid disc degeneration multifocal along the lumbar spine
- Generalized mural thickening urinary bladder wall
- Normal cervical spine

**HOSPITAL NAME**

Hospital Veterinario San Francisco de Asis

**REFERRING VET**

Dra Rodriguez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The findings of the current CT study indicate intervertebral disc extrusion T12/T13 – accentuated in the left ventral aspect of the vertebral canal. Unfortunately, motion artefacts and lack of image contrast are limiting the diagnostic value. Depending on the development of the neurological clinical signs and if surgical decompression is considered, recommend complementing workup by a myelographic CT study to confirm the diagnosis and ruling out extrusion of disc material in a different location.

**INVOICE**

57712

**DATE**

4-10-23

The heterogeneous contrast enhancing muscular lesions only affecting the gluteal and thigh musculature bilaterally are considered as zones with myositis ± possible muscle necrosis. Theoretically muscular metastasis can present with the same pattern, but the odds are considered low. In case of doubt, recommend FNA sampling or biopsy.



**PATIENT** The thickened urinary bladder wall is suggestive for cystitis or trabecular bladder due to dysuria.

Mia Delano

**TECHNICAL COMMENTS**

Recommend placing the patient in dorsal recumbency for diagnostic imaging of the spine to avoid motion artefacts.

**SPECIES**

Canine

**BREED**

Mix

**SEX**

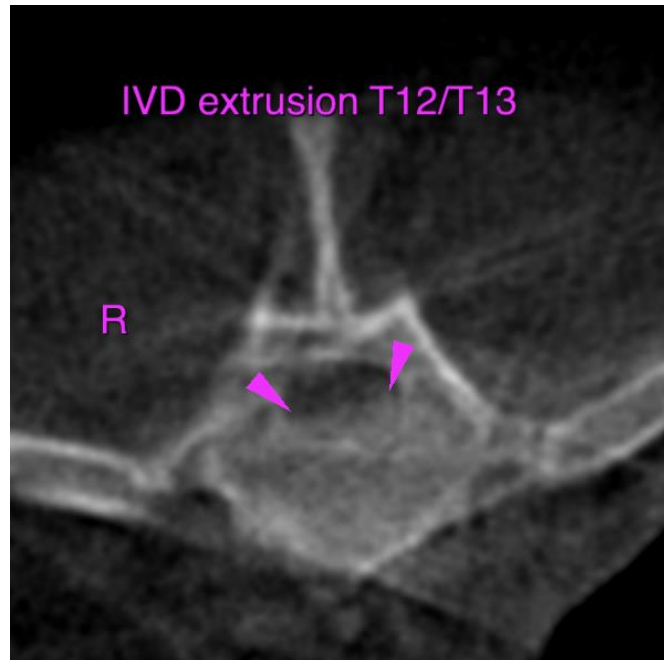
Spayed

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI



**HOSPITAL NAME**

Hospital Veterinario  
San Francisco de Asis

**REFERRING VET**

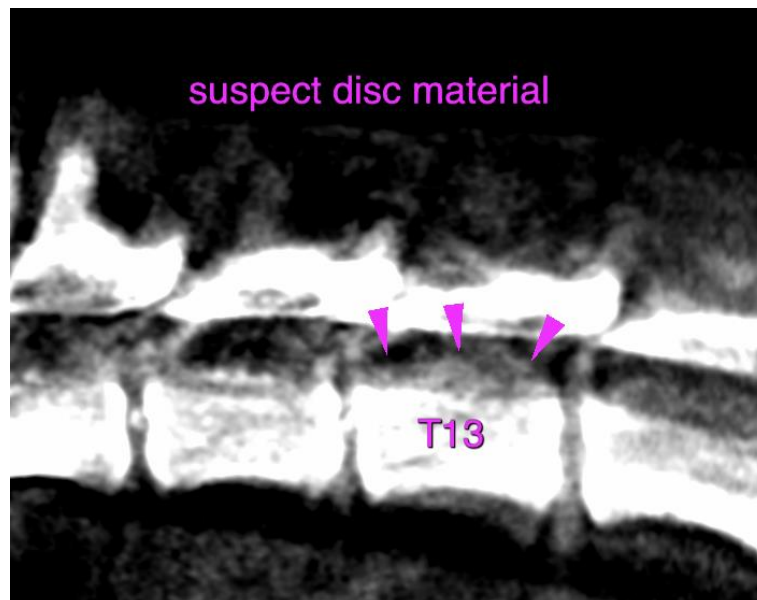
Dra Rodriguez

**INVOICE**

57712

**DATE**

4-10-23





**PATIENT**

Mia Delano

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed

**AGE**

8 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Hospital Veterinario  
San Francisco de Asis

**REFERRING VET**

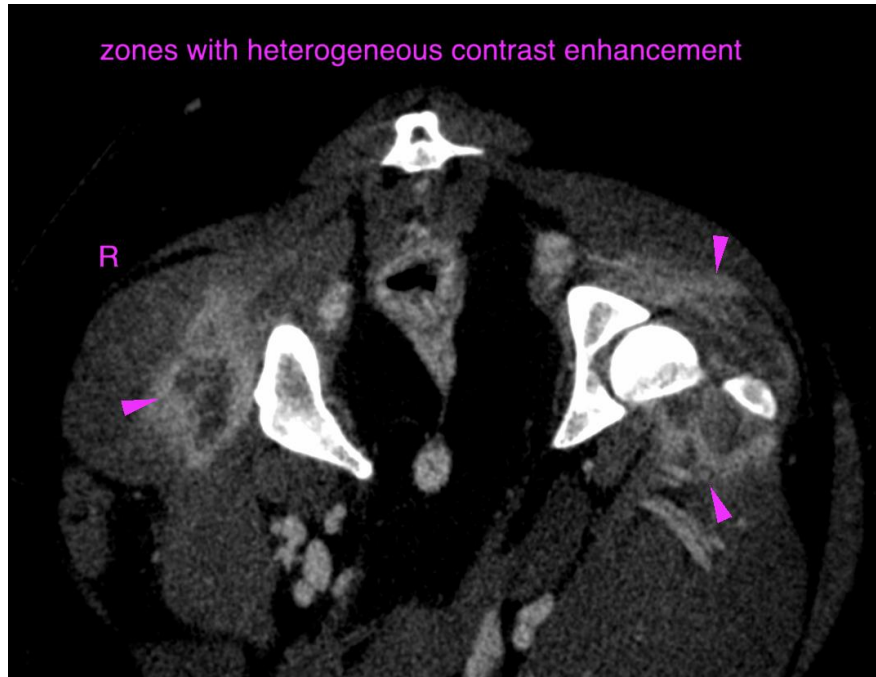
Dra Rodriguez

**INVOICE**

57712

**DATE**

4-10-23



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