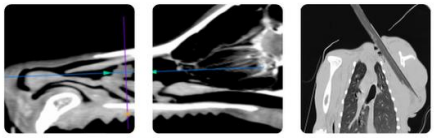

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Oggy Montanez

SPECIES

Canine

BREED

Dachshund

SEX

M

AGE

6Y

WEIGHT

13.4lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno,
CVT - CT Scan Technician

HOSPITAL NAME

Veterinary Image Center

REFERRING VET

Dr. H. Martinez, DVM

INVOICE

74621

DATE

4-15-26

PRESENTING CLINICAL SIGNS

Patient presented for medical evaluation for hind limbs paraparesis since 2 weeks ago. No response to treatment (Gabapentin and Prednisone). Deep pain is present.
Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

COMPUTED TOMOGRAPHY OF THE THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The intervertebral disc space T12/T13 is moderately narrowed. Level with the intervertebral disc space T12/T13 irregular mineralized material is appreciated in the ventral aspect of the vertebral, occupying approximately up to 85% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material level T12/T13 is extending cranially over the caudal third of the vertebral body of T12 and caudally over the cranial third of the vertebral body of T13. The dural tube level T12/T13 is deviated dorsally and compressed.

Level with the intervertebral disc space L3/L4, mineral attenuating material is bulging into the left ventral aspect of the vertebral canal, occupying approximately ≤10% of the cross-sectional area of the vertebral canal at the same level.

Level with the intervertebral disc space L5/L6, mineral attenuating material is protruding into the left neuroforamen.

All intervertebral discs along the thoracic and lumbar spine present variable degree of central mineralization.

A separate right & left caudal vena cava of the pre-renal segment is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion T12/T13 with compressive myelopathy, R>L
- Left sided neuroforaminal disc protrusion L5/L6 with likely impingement of the left spinal nerve L5
- Intervertebral disc protrusion L3/L4 without compressive myelopathy
- Generalized chondroid disc degeneration along the thoracic and lumbar spine
- Double caudal vena cava, pre-renal segment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion T12/T13 is a plausible explanation for the presenting clinical signs and surgical decompression is advised – as the material is mildly more accentuated in the right aspect, a right lateral surgical approach appears beneficial.

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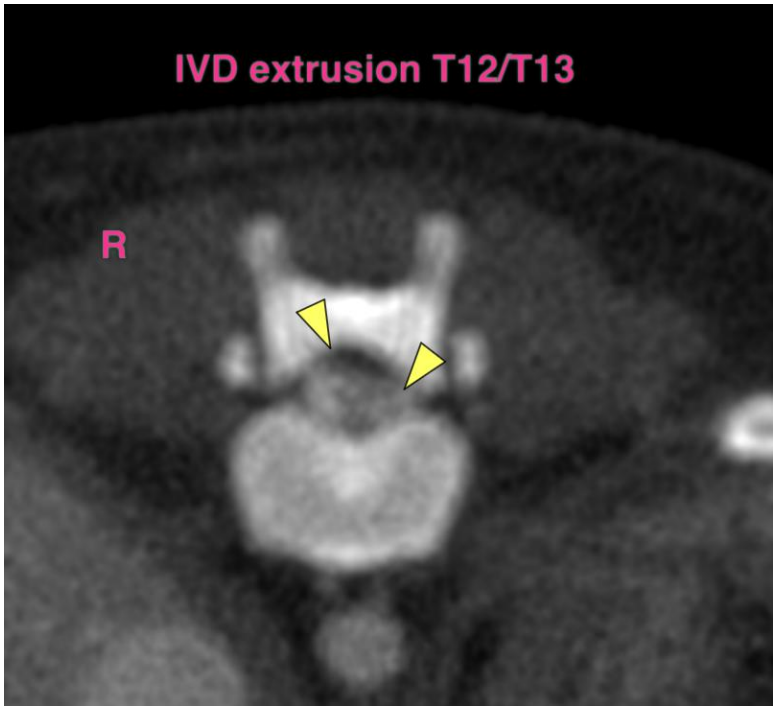

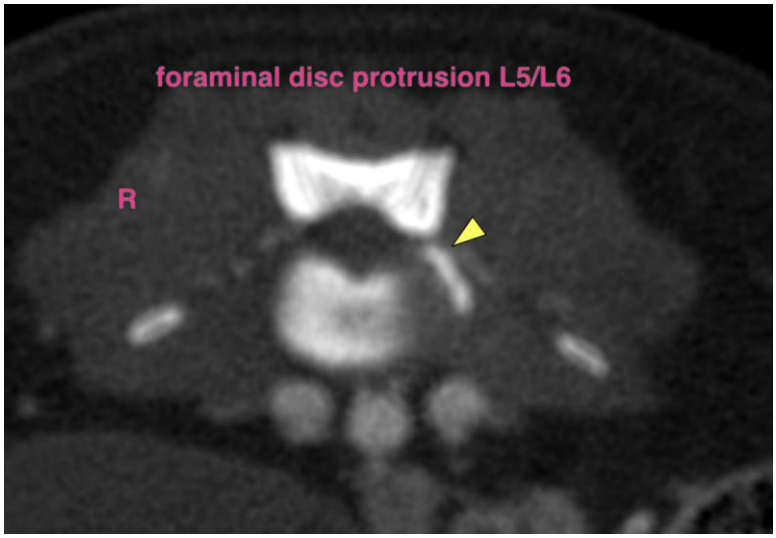

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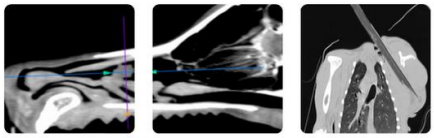

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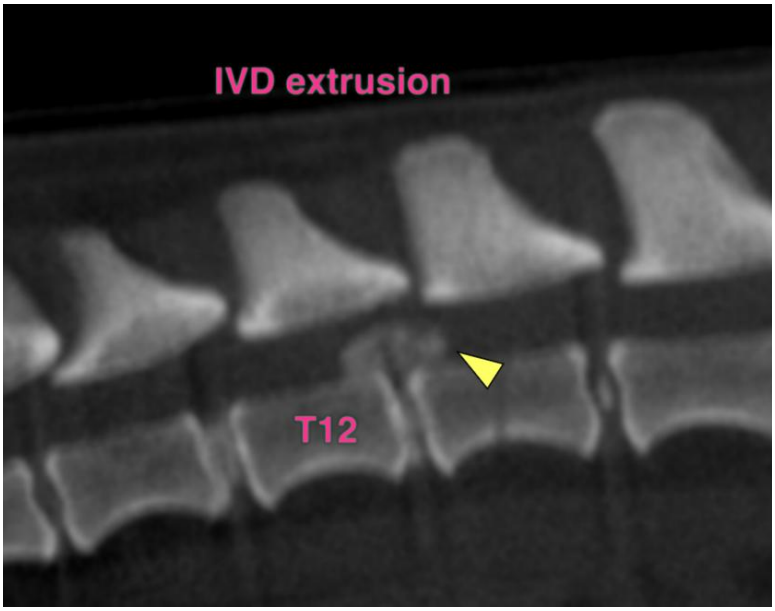

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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