



**PATIENT**

Archer Labrocca

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

NM

**AGE**

4.5 Years

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**HOSPITAL NAME**

Southern Oregon  
Veterinary Specialty  
Center

**REFERRING VET**

Ravi Seshadri DVM,  
DipACVECC

**INVOICE**

51559

**DATE**

4-16-22

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Archer presents to SOVSC for persistent pain Significant PE Findings: Moderate to severe cervical pain. No neurologic deficits. DIAGNOSTICS: None Client Discussion: Has severe neck pain with wind up pain. Discuss causes for neck pain and ddx and diagnostics to consider would be advanced imaging. Discuss MRI vs CT and limitations for CT but that no MRI here. Owner elects for CT imaging and further diagnostics here. CT + CSF performed on 4/16/22, both results pending.

**COMPUTED TOMOGRAPHY OF THE NECK**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

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.

Moderate hyperostosis of the facet joints C2/C3 is seen, L>R, causing focal narrowing of the vertebral canal and distorting the dural tube at the same level.

At the cranial aspect of the greater tubercle of the left humerus, a small, mild irregular marginated mineralization is visible.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Cervical spondylomyelopathy C2/C3 due to hyperostosis of the respective facet joints

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is focal stenosis of the spinal canal level C2/C3 due to hyperostosis of the facet joints C2/C3 (L>R). Although in cases of cervical spondylomyelopathy are commonly chronic with progressive ataxia, the entity might present with acute onset of clinical signs as well. No additional abnormality is appreciated – such as intervertebral disc protrusion/extrusion, as source for the presenting clinical signs – although isoattenuating material cannot be ruled out entirely. If surgical intervention is an option, recommend complementing workup by a myelographic CT study or MRI study of the cervical spine.



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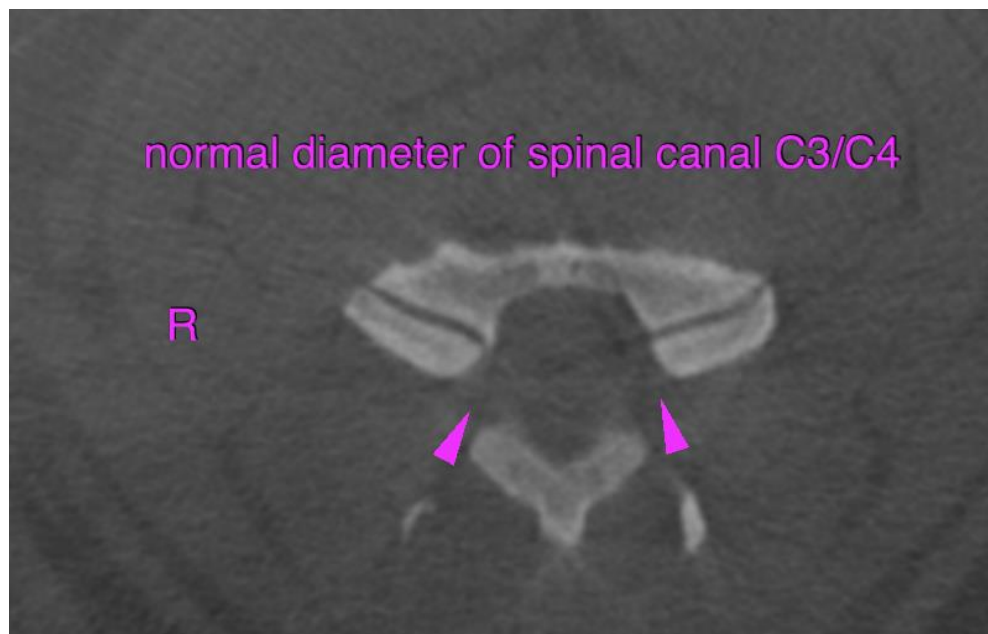
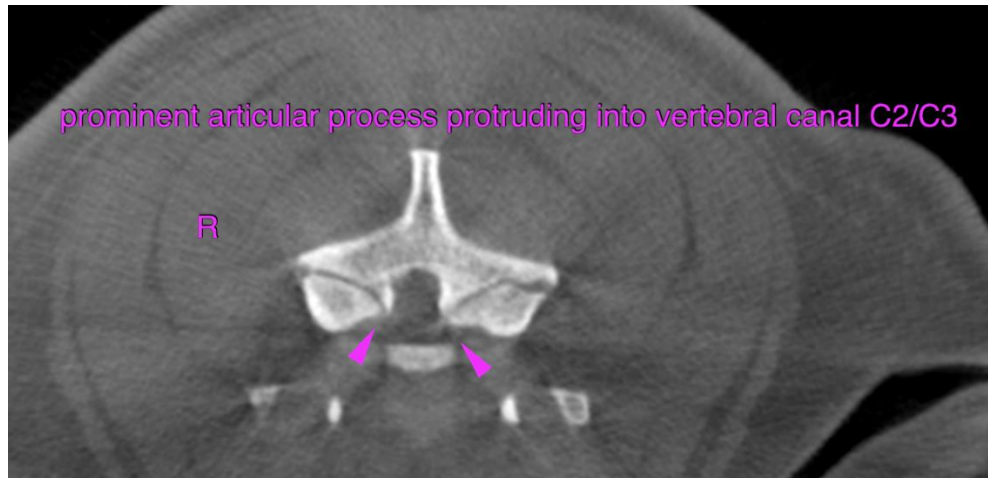
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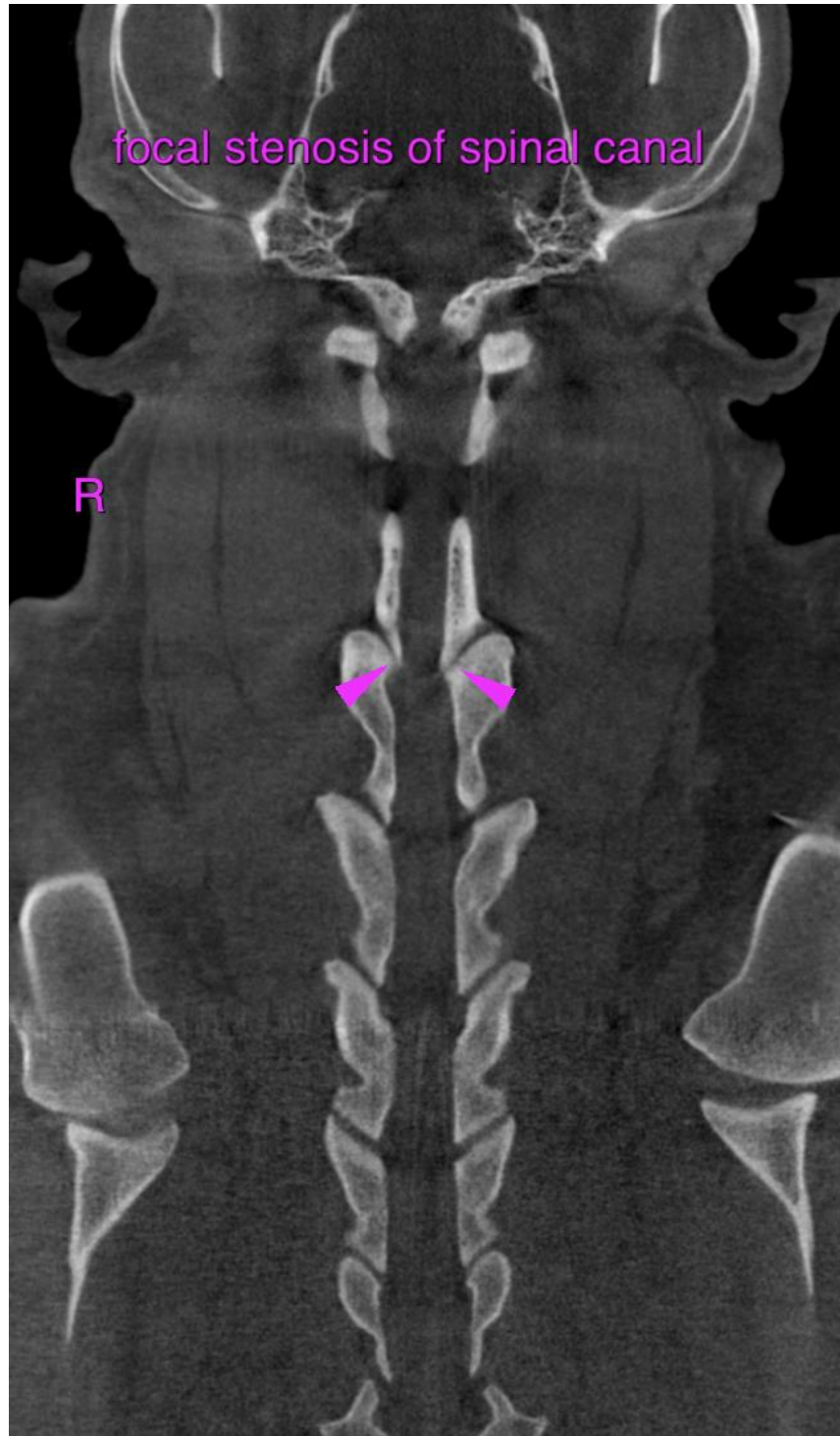
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

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Boxer

**Sebastian Schaub**, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI  
sebast.schaub@gmail.com

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