



PATIENT

Shorty Simpson

SPECIES

Canine

BREED

Dachshund Mix

SEX

MN

AGE

4Y, 11M

WEIGHT

10.3kg

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Jessica

HOSPITAL NAME

Southern Oregon
Veterinary Specialty
Center

REFERRING VET

Dr. Fugazzi

INVOICE

74641

DATE

4-16-26

PRESENTING CLINICAL SIGNS

Shorty is a 4yr NM Doxie mix presenting today for suspected back/neck pain. Owners report he was seen by Dr. RF about 1-2 years ago for an episode of back pain. He was started on medication and rest and he recovered without incident. Recently owners went on vacation for 3 weeks and had a pet sitter stay with Shorty. The day after owner came back Shorty was sitting under her desk and she moved and Shorty started squealing. Owner stated she didn't touch him but thought maybe she scared him. After that owners noted that when he moved a certain way or after laying down and getting up he would start screaming. They checked in with pet sitter who said he had been doing that the last two days before owner returned. Owners are unsure if something specific happened. They went to their rdvm on Monday who stated neck pain and pain at L5. He was sent home with Methocarbamol, Gabapentin, and Derocoxib. Owners also had some leftover Tramadol. He last received those medications at 7:15am today. He is still using all four limbs, urinating and defecating normally. His appetite has been normal, activity level is slightly decreased due to pain but otherwise he seems to be acting normal. owners also report that patient will intermittently circle to the right and that this is a recent change.

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

A high resolution plain and myelographic CT study of the skull and entire spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull

Triadan 305 and 405 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 pattern is uniform.

Spine

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

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

Level with the intervertebral disc space C2/C3 mineral attenuating material is occupying the caudal half of the left neuroforamen C2/C3.

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



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The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 25% of the cross-sectional area of the vertebral canal at the same level. The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

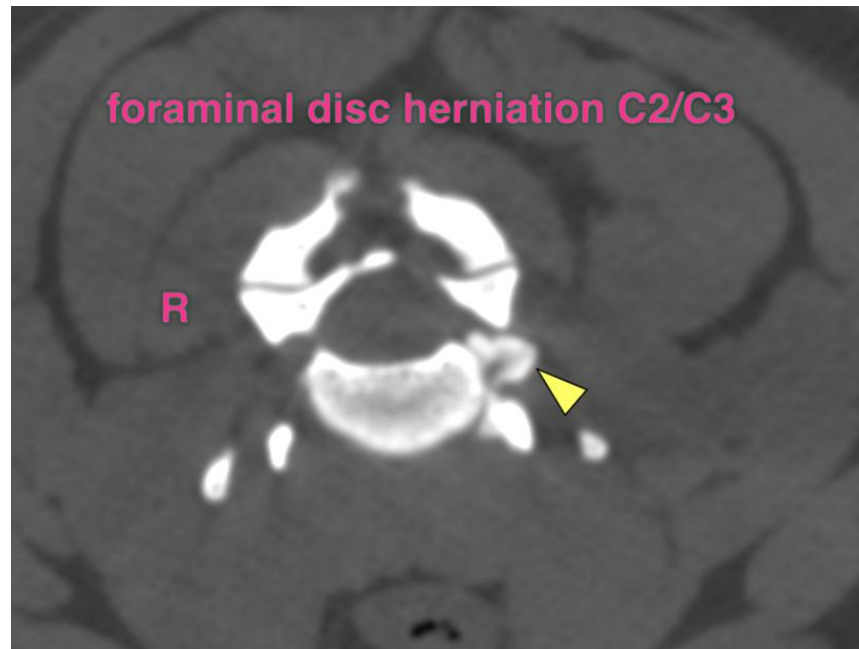
Post intrathecal contrast administration the contrast media is dissecting along the epidural space, resulting in an irregular appearance of the contrast column. The dural tube presents the expected diameter throughout.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided foraminal disc extrusion C2/C3 with likely impingement of the left spinal nerve C3
- Intervertebral disc herniation L7/S1 without compression of the cauda equina fibers
- Generalized chondroid disc degeneration along the entire spine
- Absent triadan 305 and 405

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The left foraminal disc extrusion C2/C3 is a plausible explanation for the presenting clinical signs. Given the history, an acute exacerbation of a chronic condition may have contributed to the recent development of clinical signs. Due to the position of the extruded disc material, conservative management options appear beneficial.





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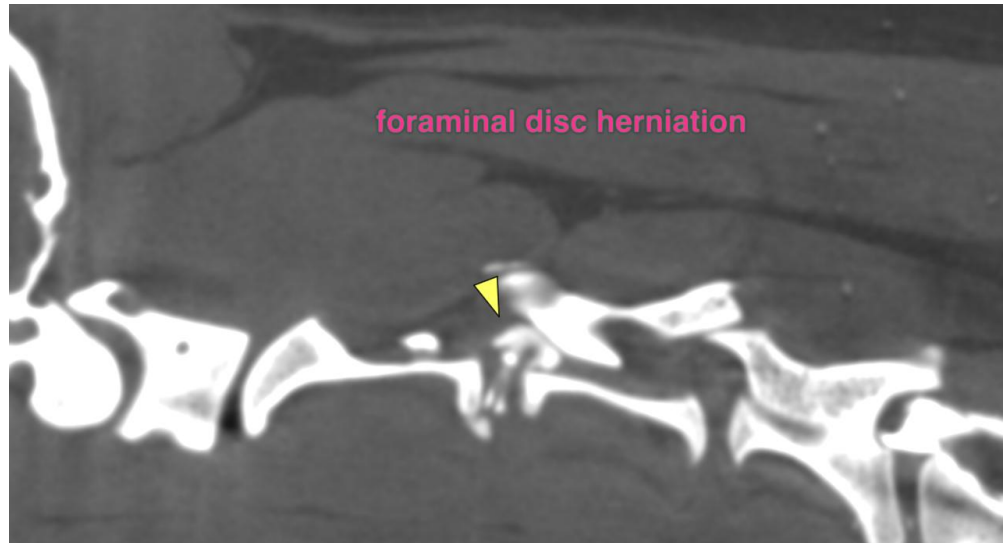
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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