



## PATIENT

Cody Taylor

## SPECIES

Canine

## BREED

Maltese Mix

## SEX

MN

## AGE

9Y

## WEIGHT

5.5kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

DG

## HOSPITAL NAME

Animal Surgical Center  
- Oceanside

## REFERRING VET

Dr. Inferuso

## INVOICE

74458

## DATE

4-2-26

## PRESENTING CLINICAL SIGNS

CP decreased HL, Segmental reflexes increased HL, pain T-L, ataxic HLs

## COMPUTED TOMOGRAPHY OF THE THORACIC AND LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

Level with the intervertebral disc space T11/T12, mineralized disc material is bulging into the right ventral aspect of the vertebral canal, occupying approximately  $\leq 10\%$  of the cross-sectional area of the vertebral canal at the same level.

Level with the intervertebral disc spaces L1/L2 to L3/L4, mild hyperattenuating material is protruding into the vertebral canal, occupying approximately up to 40% of the cross-sectional area of the vertebral canal at the same level – most pronounced level L1/L2.

Post intrathecal contrast administration the contrast media is dissecting along the epidural space – resulting in an irregular contrast column. The irregular disc material level L1/L2 is appreciated predominantly in the right ventral aspect of the vertebral canal, occupying approximately 40% of the cross-sectional area, deviating the dural tube dorsally and to the left. Level with the intervertebral disc spaces T12/T13, L2/L3 and L3/L4 disc material is protruding into the vertebral canal, occupying approximately up to 30% of the cross-sectional area of the vertebral canal at the same level.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation T12/T13 to L3/L4 with compressive myelopathy – most pronounced level L1/L2 and L2/L3
- Intervertebral disc protrusion T11/T12 without compressive myelopathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals multiple clinically relevant disc herniation along the cranial lumbar spine, most accentuated L1/L2 and L2/L3 – all may contribute to the presenting clinical signs. An acute exacerbation of a chronic condition may have contributed to the recent development of clinical signs. It is advisable to carefully evaluate and compare the risks and potential benefits of conservative versus surgical treatment options.



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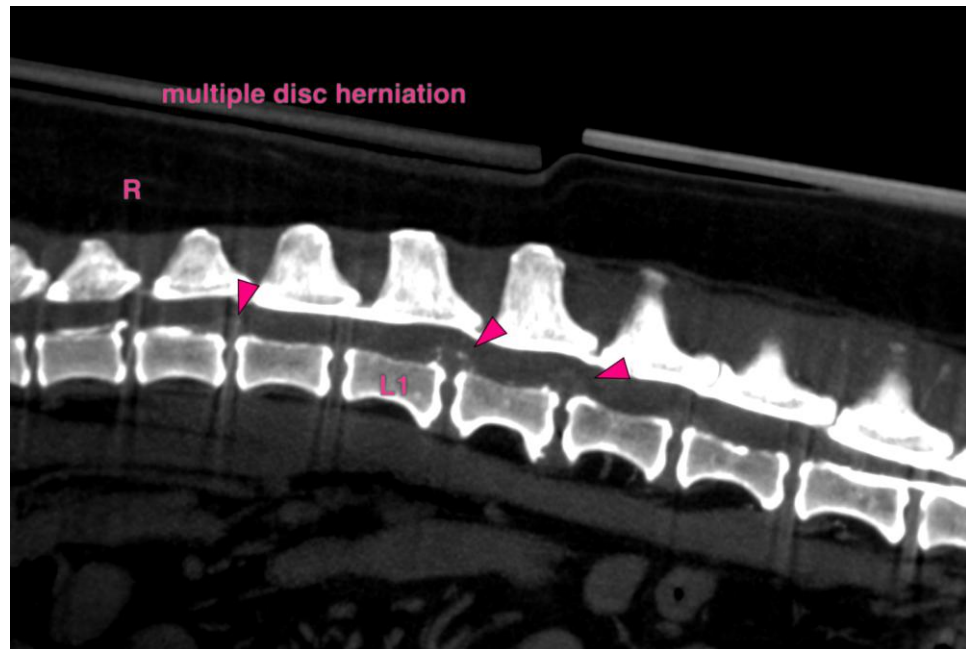
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)