



PATIENT

Milhouse Twyrose

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12

WEIGHT

25

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Eamon

INVOICE

74657

DATE

4-20-26

PRESENTING CLINICAL SIGNS

Hindlimb ataxia t3-l3 localisation

Abnormal PE/Chem/CBC/UA Results: CBC/chem normal

COMPUTED TOMOGRAPHY OF THE THORACIC SPINE

A pre- and post-contrast – including a myelogram – CT study of the thoracic spine in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Level with the intervertebral disc spaces T12/T13 and T13/L1, disc material is protruding into the vertebral canal, occupying approximately $\leq 10\%$ of the cross-sectional area of the vertebral canal at the same level. The respective vertebral endplates present ventral spondylosis formation.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

Multifocal along the lumbar spine, ventral and lateral spondylosis formation is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion L7/S1 with possible dynamic compression of the cauda equina fibers
- Intervertebral disc herniation T12/T13 and T13/L1 without compressive myelopathy
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no specific abnormalities that do explain the described ataxia. The appreciated intervertebral disc protrusion may be a source for intermittent pain are unlikely to cause neurological deficits. Workup can be complemented by a myelographic CT study or MRI study to screen for intradural lesions.



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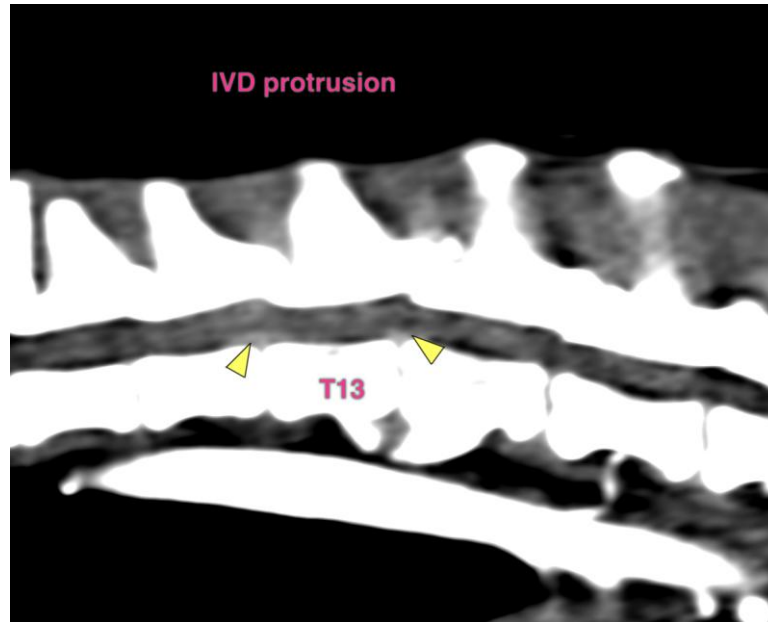
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com