

**PATIENT**

Milo Cadavid

**SPECIES**

Rabbit

**BREED**

Rabbit

**SEX**

Male

**AGE**

2 Years

**WEIGHT**

1.29 kg

**INTERPRETED BY**

Sebastian Schaub,  
DVM, Dr. med. vet.  
DipECVDI

**IMAGING PERFORMED BY**

Mobile Pet Imaging

**HOSPITAL NAME**

Mobile Pet Imaging

**REFERRING VET**

Dr. Armstrong

**INVOICE**

36785

**DATE**

4/23/26

**PRESENTING CLINICAL SIGNS**

History: Abrupt L HL weakness and loss of deep pain ~1 month ago.

**COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE, PELVIS AND STIFLE JOINTS**

A high resolution pre- and post-contrast CT study of the lumbar spine, pelvis and stifle joints is provided for review.

**COMPUTED TOMOGRAPHIC FINDINGS**

The vertebral body of L6 is foreshortened. An ill-defined oblique fracture line is appreciated in the vertebral body of L6 – running in a cranioventral to caudodorsal direction. The fracture line is surrounded by an ill-defined zone of sclerosis. Mild spondylosis formation is seen between L5/L6.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

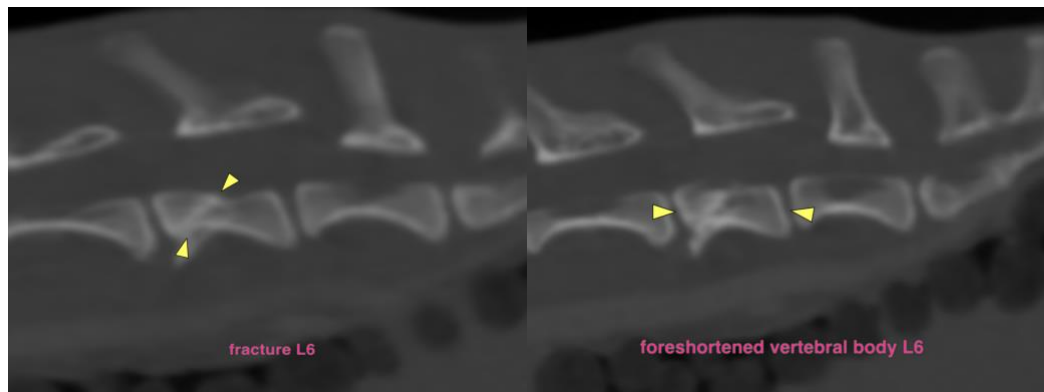
Both stifle joints present smooth margins of the periarticular bones and no abnormalities of the surrounding soft tissue structures.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

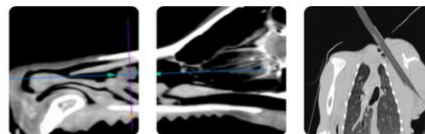
- Chronic traumatic long oblique fracture vertebral body L6 with secondary foreshortening of L6 – in reparation phase
- Normal pelvis
- Normal stifle joints

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The traumatic L6 fracture likely explains the presenting clinical signs. Although there is no appreciable significant fracture displacement and no extradural compressive material is identified, the initial traumatic event may have caused transient displacement with subsequent realignment, hemorrhage, or an acute non-compressive nucleus pulposus extrusion.



**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.**



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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**, DVM, Dr. med. vet. DipECVDI  
[info@sonopath.com](mailto:info@sonopath.com)