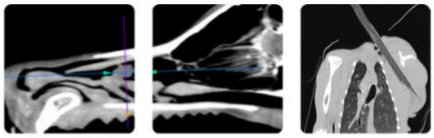

PATIENT

Darla Wilson

SPECIES

Canine

BREED

Dachshund

SEX

Spayed Female

AGE

13 Years

WEIGHT

18

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

IMAGING PERFORMED BY

EHAH

HOSPITAL NAME

East Hill AH

REFERRING VET

Northside VC

INVOICE

36792

DATE

4/24/26

PRESENTING CLINICAL SIGNS

History: Back pain. Yelping when picked up, doesn't want to use ramp
Abnormal PE/Chem/CBC/UA Results: Painful lumbar spine elevated ALB

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Multiple intervertebral discs along the entire spine present variable degree of central mineralization.

Level with the intervertebral disc spaces C5/C6 and C6/C7 disc material is bulging into the vertebral canal, occupying approximately <10% of the cross-sectional area of the vertebral canal at the same level. The remainder of the osseous and soft tissue structures of the cervical spine are within normal limits.

Level with the intervertebral disc spaces T12/T13 to L4/L5 disc material is protruding into the vertebral canal, occupying approximately ≤20% of the cross-sectional area of the vertebral canal at the same level.

Level with the intervertebral disc space L6/L7, irregular mineral attenuating material is protruding into the vertebral canal (R>L), occupying approximately up to 80% of the cross-sectional area of the vertebral canal at the same level.

In the caudal extremity of the spleen, a uniform soft tissue attenuating and mild irregular contrast enhancing nodule is appreciated, measuring 2.3 cm in diameter and causing convex bulging of the splenic capsule at the same level.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation L6/L7 with compressive myelopathy, R>L
- Intervertebral disc protrusion C5/C6, C6/C7, T12/T13 to L4/L5 with possible dynamic myelocompression
- Multifocal chondroid disc degeneration along the entire spine
- Splenic soft tissue nodule caudal extremity of the spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinically most relevant disc herniation is L6/L7, an acute exacerbation of a chronic condition (e.g. acute extrusion of additional disc material) may have caused the recent development of clinical signs. Depending on the development of clinical signs, surgical decompression may be beneficial.

The splenic nodule can present benign nodular hyperplasia, FNA sampling can be used to screen for signs of underlying malignancy.

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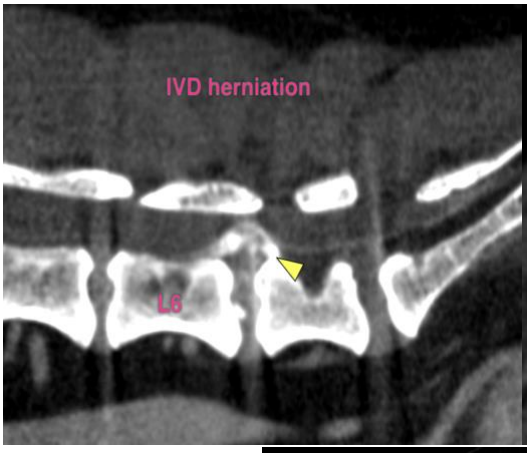

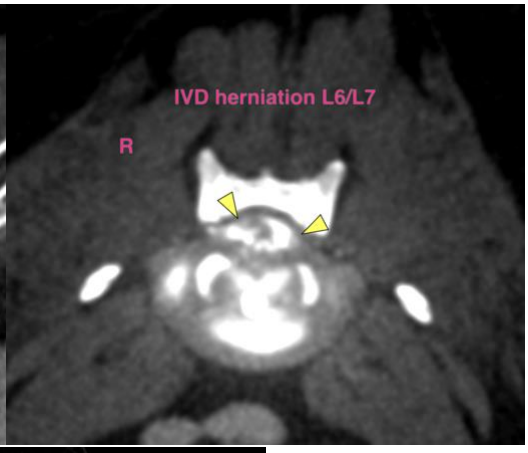

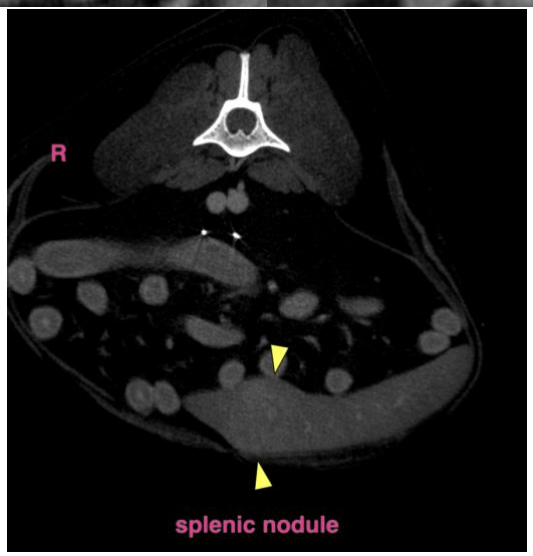

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Dr. med. vet. DipECVDI
info@sonopath.com