



PATIENT

Bella Vega

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

4Y, 4M

WEIGHT

32lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal
Hospital

REFERRING VET

Randy Dominguez

INVOICE

74770

DATE

4-27-26

PRESENTING CLINICAL SIGNS

Presented referred from Veterinary Medical Center with a history of trouble walking and mild ataxia 4 limbs. Completely ambulatory with no paraparesis at PE today.

Abnormal PE/Chem/CBC/UA Results: Unremarkable.

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

Both tympanic bullae are filled with soft tissue attenuating material.

Level with the intervertebral disc space C2/C3, mineral attenuating 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 intervertebral disc space C3/C4 is moderately narrowed. Level with the intervertebral disc space C3/C4, heterogenous hyperattenuating material is appreciated in the mid ventral aspect of the vertebral canal (L>R), occupying approximately up to 25% of the cross-sectional area of the vertebral canal at the same level and 50% of the height of the vertebral canal. The hyperattenuating material level C3/C4 is extending cranially up to the level of the caudal vertebral endplate C3 and caudally over the cranial third of the vertebral body C4. The dural tube level C3/C4 is deviated dorsally and distorted; post intrathecal contrast administration the spinal cord level C3/C4 is deviated dorsally and deformed.

Multiple intervertebral discs along the cervical, thoracic and lumbar spine present mild central mineralization.

Along the thoracic and lumbar spine, multifocal spondylosis formation is seen.

The vertebral endplates L7/S1 present moderate sclerosis and irregular shaped endplates. Mild step formation is appreciated between L7 and S1. The intervertebral disc L7/S1 is bulging into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level. The left neuroforamen L7/S1 is widened and obliterated by soft tissue material; the left spinal nerve L7 appears prominent.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion C3/C4 with compressive myelopathy
- Intervertebral disc protrusion L7/S1 with likely dynamic compression of the cauda equina fibers
- Suspect thickened left spinal nerve L7 with secondary pressure erosion left neuroforamen L7/S1
- Chronic osseous remodeling vertebral endplates L7/S1 along with spondylosis formation and possible impingement of the left spinal nerve L7
- Intervertebral disc herniation C2/C3 without compressive myelopathy
- Multifocal chondroid disc degeneration along the entire spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion C3/C4 is a plausible explanation for the presenting clinical signs and surgical decompression may be beneficial.



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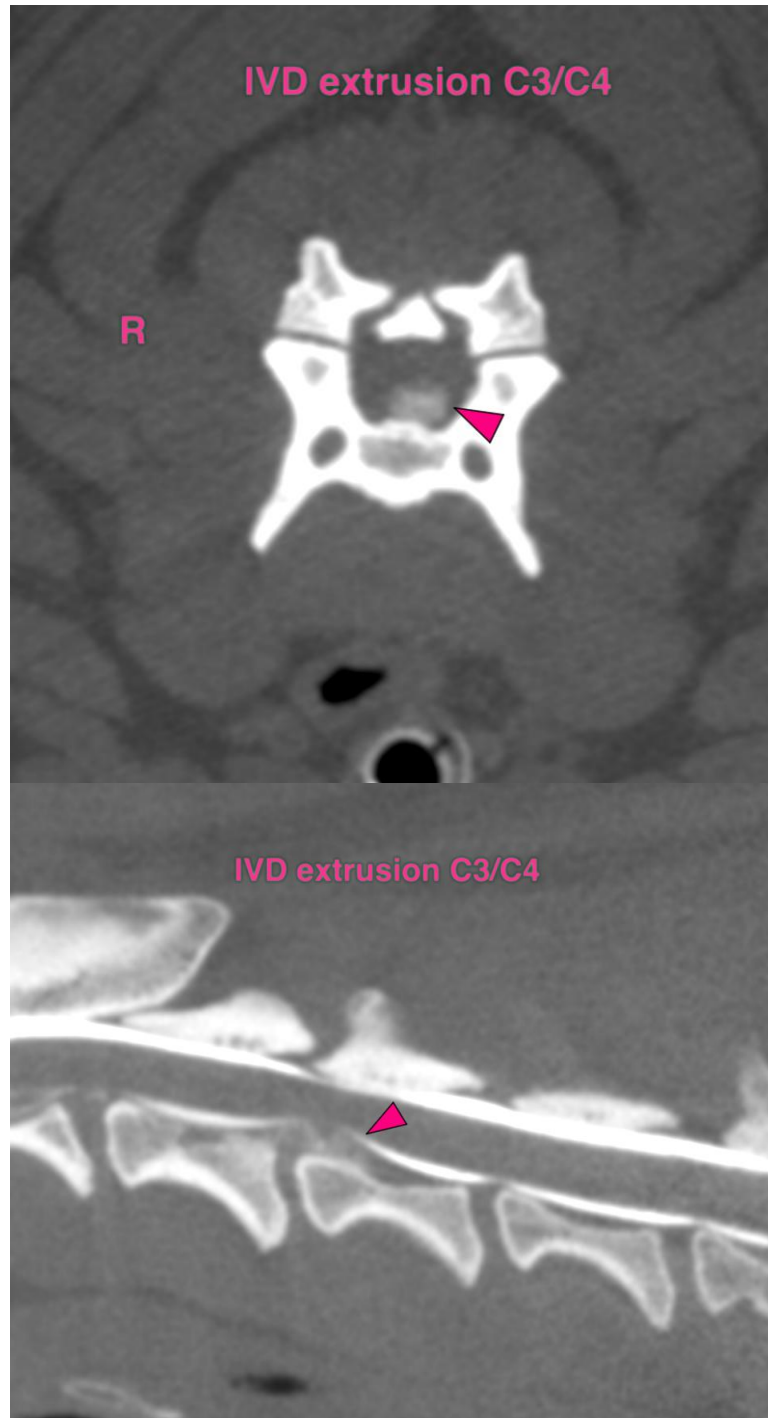
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The clinical relevance of the lumbosacral stenosis and likely neuritis of the left spinal nerve L7 is unclear as there is no history of respective clinical signs.





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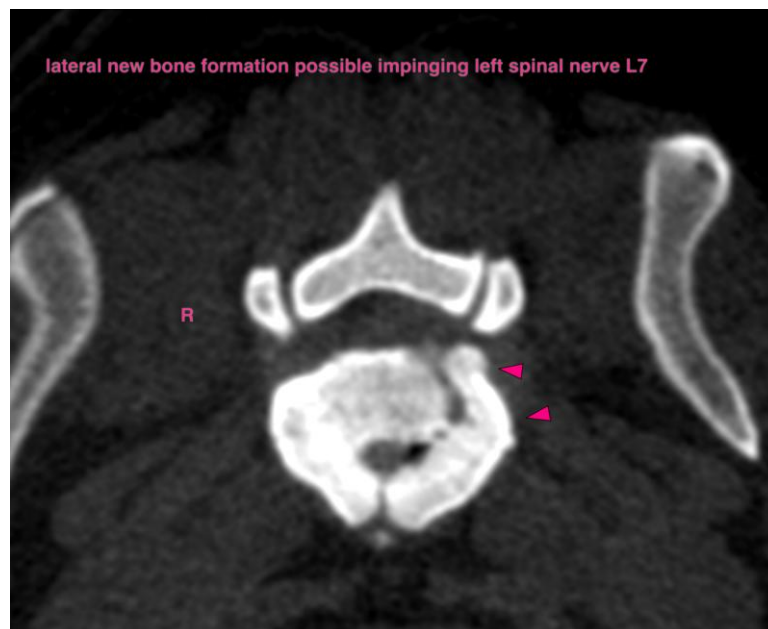
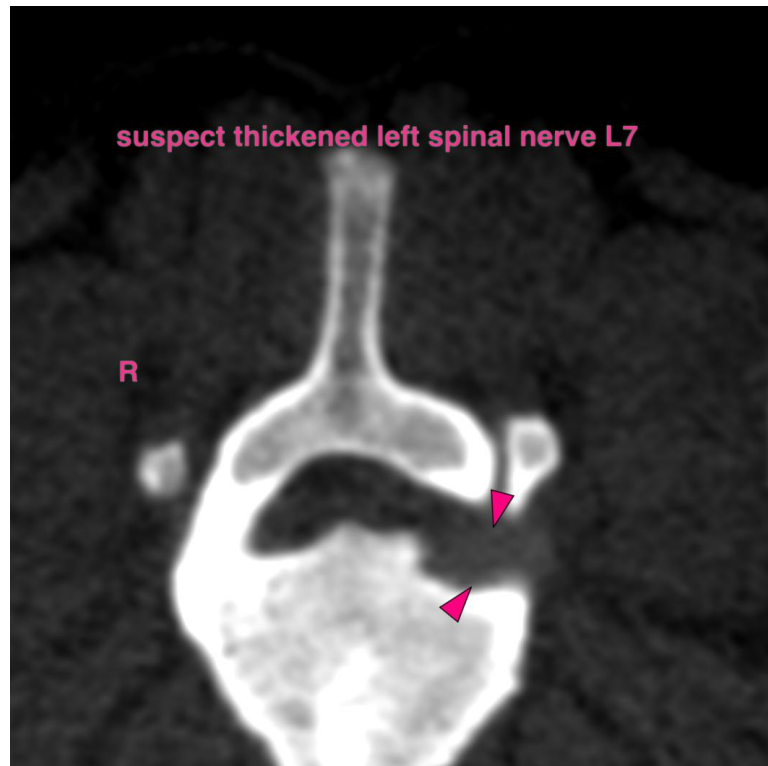
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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