



## PATIENT

Nico Dolezal

## SPECIES

Canine

## BREED

Labrador

## SEX

Male

## AGE

9Y

## WEIGHT

40.6kg

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

Sean

## HOSPITAL NAME

CARE Surgery Center

## REFERRING VET

Dr. Keats

## INVOICE

74468

## DATE

4-6-26

## PRESENTING CLINICAL SIGNS

- Intermittent hindlimb lameness for 1 week , acutely worsen
- Abdominal ultrasound inconclusive
- reluctant to stand and vocal in pain.

## COMPUTED TOMOGRAPHY OF THE THORACIC AND LUMBAR SPINE

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

## COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The osseous and soft tissue structures of the thoracic spine reveal no abnormalities.

Level with the intervertebral disc spaces L2/L3 and L3/L4, disc material is protruding into the vertebral canal, occupying approximately 15% of the cross-sectional area of the vertebral canal at the same level – mildly distorting the ventral contour of the dural tube.

The vertebral endplates L7/S1 present moderate spondylosis formation – accentuated along the right lateral aspect of the vertebral endplates. The remainder of the osseous and soft tissue structures of the lumbar spine are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lateral spondylosis formation L7/S1 with possible dynamic impingement of the right spinal nerve L7
- Intervertebral disc herniation L2/L3 and L3/L4 with possible dynamic myelocompression
- Normal thoracic spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appreciated disc herniation and lateralized new bone formation L7/S1 can be a source for intermittent dynamic pain. An acute exacerbation of a chronic condition may have contributed to the recent development of clinical signs.



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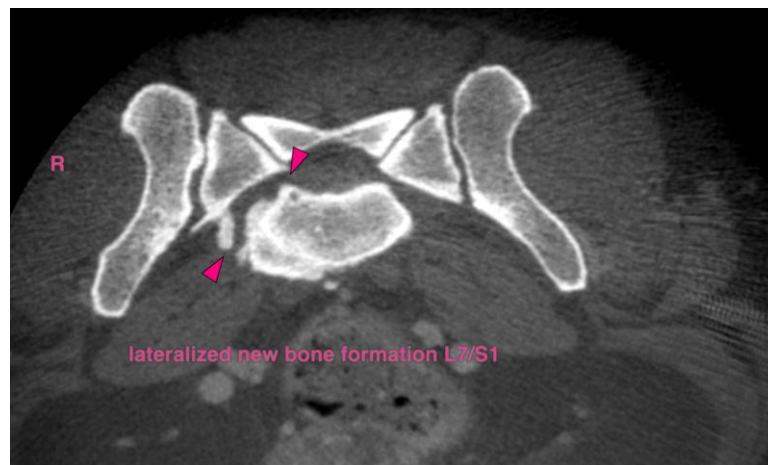
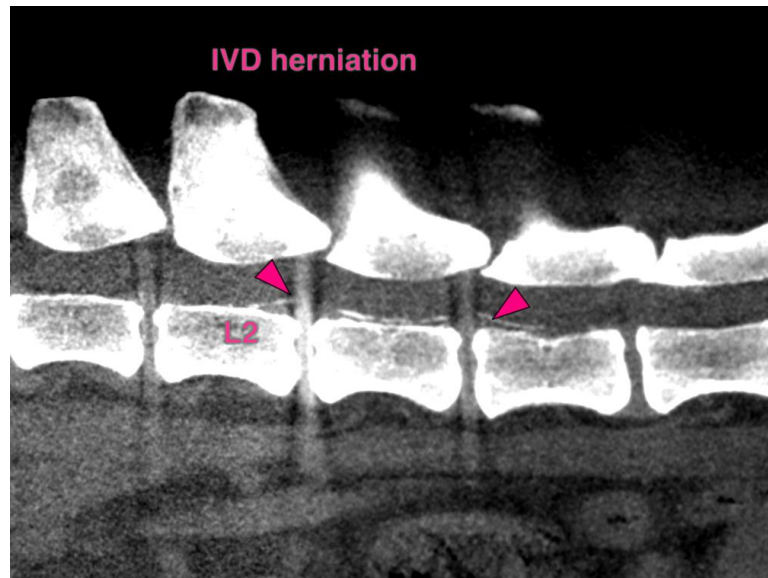
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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