



## PATIENT

Atlas Ramirez

## SPECIES

Canine

## BREED

Medium Mixed Breed

## SEX

NM

## AGE

5Y

## WEIGHT

31.8lbs

## INTERPRETED BY

Sebastian Schaub, DVM  
Dr. med. vet.  
DipECVDI

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. J. Colon, DVM

## INVOICE

74522

## DATE

4-8-26

## PRESENTING CLINICAL SIGNS

The patient presented for medical evaluation due to hind limb ataxia after experiencing a strong impact while jumping down from a high bed. At the time of the CT scan, the patient was no longer able to walk using the hind limbs. Deep pain is present.

Abnormal PE/Chem/CBC/UA Results: CBC --- NEU mild increased (12.89), BASO mild increased (0.13) CHEM --- GLOB mild increased (4.7) 4Dx: negative for all

## COMPUTED TOMOGRAPHY 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.

The intervertebral disc C6/C7 presents mild central mineralization. The remainder of the osseous and soft tissue structures of the cervical spine are within normal limits.

Multiple intervertebral discs along the thoracic and lumbar spine present variable degree of central mineralization.

Level with the intervertebral disc space T11/T12, mineralized disc material is protruding into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.

The vertebral endplates T12/T13 present moderate spondylosis formation.

Level with the intervertebral disc space L3/L4, in the left ventral aspect of the vertebral canal, heterogeneous hyperattenuating material is appreciated, occupying approximately 70% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material level L3/L4 is extending cranially over the caudal third of the vertebral body L3 and caudally over the cranial third of the vertebral body L4.

The remainder of the osseous and soft tissue structures of the thoracic and lumbar spine are within normal limits.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Left sided intervertebral disc extrusion L3/L4 with compressive myelopathy
- Intervertebral disc protrusion T11/T12 without compressive myelopathy
- Multifocal chondroid disc degeneration along the entire spine

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion L3/L4 is explaining the presenting clinical signs and surgical decompression is beneficial.



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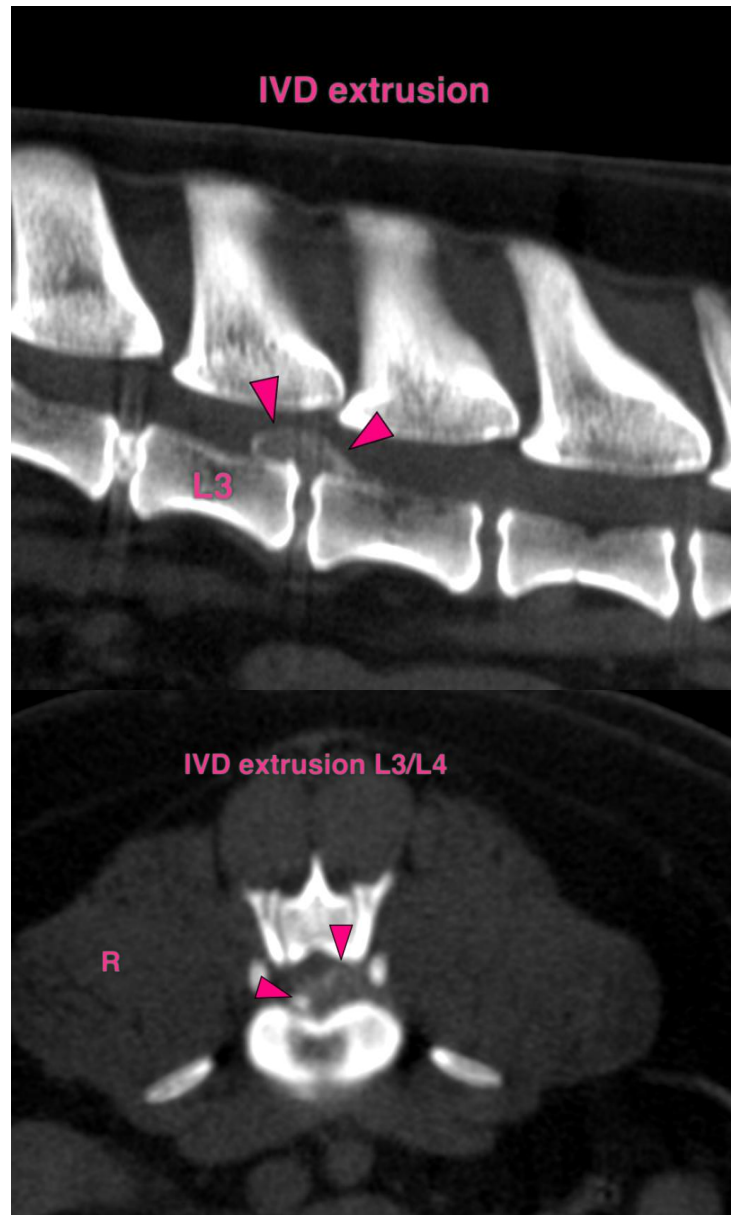
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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