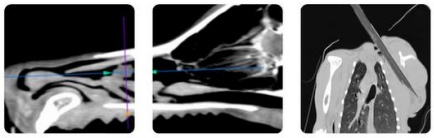

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Kalani Lang

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

8.4Y

WEIGHT

86.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Malcom Richardson

INVOICE

75063

DATE

5-19-26

PRESENTING CLINICAL SIGNS

Referred for CT due to progressive paraparesis, proprioceptive placing deficits in both pelvic limbs, no improvement noted following treatment with Carprofen.
Abnormal PE/Chem/CBC/UA Results: Ambulatory on all limbs, with a crouched posture, mild ataxia with knuckling on both pelvic limbs, proprioceptive placing absent in both pelvic limbs, present in both thoracic limbs. Not overtly painful on palpation of the spine or paraspinal muscles.

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

Multifocal along the thoracic and lumbar spine, spondylosis formation is seen – most accentuated along the lumbosacral junction.

The facet joints along the lumbar spine reveal variable degree of osteophyte new bone formation.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 80% of the cross-sectional area of the vertebral canal at the same level. A small vacuum phenomenon is seen in the intervertebral disc space L7/S1. New bone formation is appreciated within and lateral to the neuroforamina L7/S1. S1 is incompletely fused to S2.

No additional abnormalities are appreciated along the osseous and soft tissue structures of the thoracic and lumbar spine.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc herniation L7/S1 with compression of the cauda equina fibers
- Bilateral neuroforaminal stenosis L7/S1 and lateral new bone formation with impingement of the spinal nerves L7 bilaterally
- Symmetric lumbosacral transitional vertebra
- Serial spondylarthrosis lumbar spine
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes along the lumbosacral junction can be a cause of pain but are commonly not associated with neurological deficits – but in some advanced cases. The remainder of the spine reveals no evidence of extradural pathology. Anyway local epidural glucocorticoid administration may be beneficial. A differential for the progressive hind limb paresis can be degenerative myelopathy. Workup may be complemented by a myelographic CT study or MRI study to rule out intradural abnormalities entirely.

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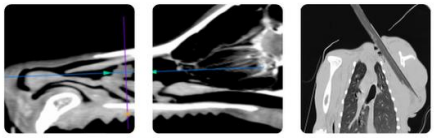

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Educational Teleconsultation Services™

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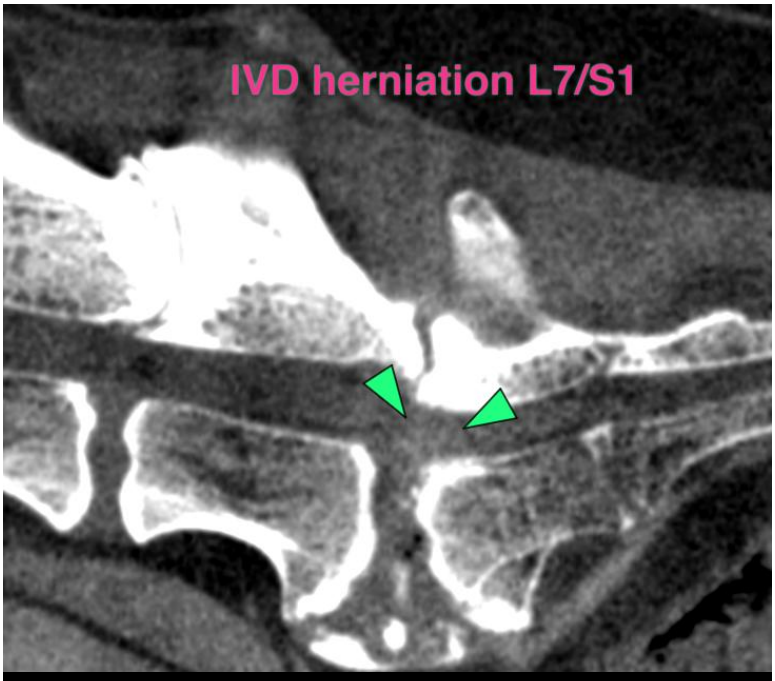

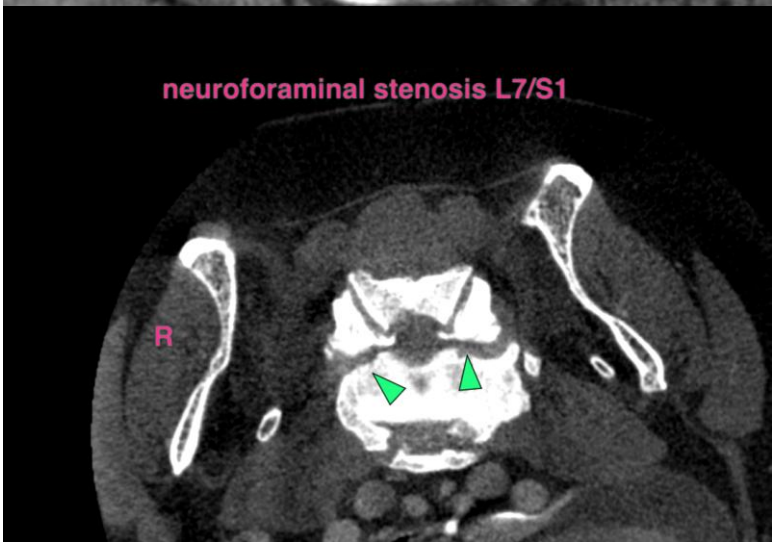

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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