



PATIENT

Paco Cidre

SPECIES

Canine

BREED

Dachshund

SEX

NM

AGE

12Y

WEIGHT

18.1lbs

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

Franco Ortiz, DVM

INVOICE

75124

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Paco is a 12-year-old dachshund weighing 18.3 pounds who initially presented on May 23rd for ataxia and conscious proprioceptive (CP) deficits affecting all four limbs. At that time, advanced imaging with CT scan was recommended, but the owner declined. CBC and chemistry panel were within normal limits. Cervical radiographs revealed discospondylosis and degenerative spinal changes without evidence of other overt disease processes. Based on the neurological examination and imaging findings, the primary differential diagnosis was intervertebral disc disease (IVDD). Medical management was initiated with prednisone 10 mg, one tablet orally every 24 hours for five days followed by tapering, in addition to gabapentin for pain control.

Today, Paco returned for re-evaluation due to significant worsening of clinical signs, including extreme cervical pain and inability to ambulate. Neurological examination revealed severe deficits, especially affecting the right thoracic limb, although deep pain sensation remained present in all four limbs. Due to the progression of neurological dysfunction and pain, a CT scan was performed.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable Given the severity of spinal cord compression and rapidly progressive neurological deficits, referral to a veterinary surgeon/neurosurgeon was recommended for further evaluation and possible surgical decompression. Prognosis will depend on the degree and duration of spinal cord compression and response to surgical intervention.

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 space C5/C6 is moderately narrowed. Level with the intervertebral disc space C5/C6, heterogeneous hyperattenuating material is appreciated in the ventral aspect of the vertebral canal, occupying approximately up to 65% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material level C5/C6 is extending cranially up to the level of the caudal vertebral endplate C5 and caudally over the cranial third of the vertebral body C6. The dural tube level C5/C6 is deviated dorsally and distorted.

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 remainder of the osseous and soft tissue structures of the cervical, thoracic and lumbar spine reveal no abnormalities; the dural tube presents the expected diameter and attenuation behavior throughout.

Throughout the hepatic and renal parenchyma, multiple well-defined, roundish parenchymal filling defects are seen.

In the gallbladder, a small amount of gravity dependent sludge is seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion C5/C6 with myelocompression
- Multifocal chondroid disc degeneration along the entire spine
- Spondylosis deformans
- Multiple simple renal cysts
- Multiple simple hepatic cysts
- Gallbladder sludge without mechanical obstruction



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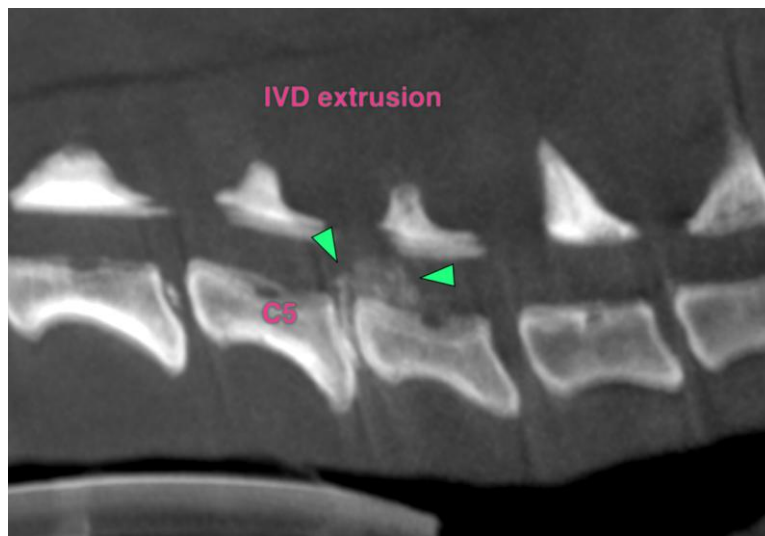
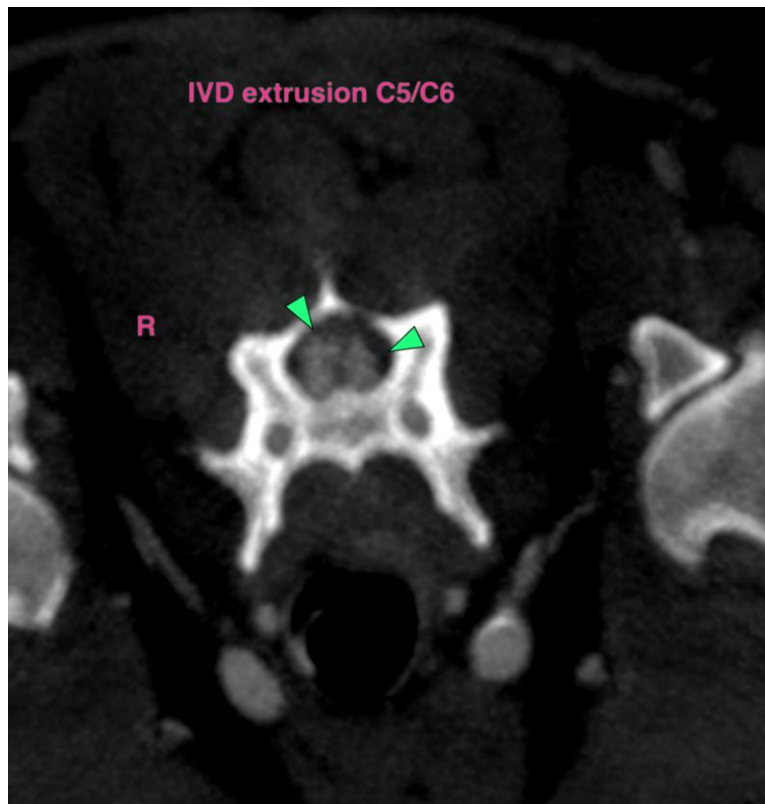
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intervertebral disc extrusion C5/C6 is a plausible explanation for the presenting clinical signs and surgical decompression is advised.

No additional clinically relevant abnormalities are appreciated.





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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