



**PATIENT PRESENTING CLINICAL SIGNS**

Muneca Smith Patient presents today as an emergency visit for acute blindness. Patient also acutely paralyzed. Started happening approx. 1 month ago. Had dexamethone and cefazolin and baytril from rDVM to help. Assessment: pain score 1/4 deep pain noted acutely blind Differential Diagnoses: r/o SARDs, IVDD vs fracture vs compression vs AI vs infectious/inflammatory vs other

**SPECIES**

K9

**COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC & LUMBAR SPINE**

A pre- and post-contrast CT study of the entire spine in a bone and soft tissue reconstruction are provided for review.

**BREED**

Shih Tzu

**COMPUTED TOMOGRAPHIC FINDINGS**

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The right rib of T13 is fused with the vertebral body.

**SEX**

Female

The vertebral endplates L3/L4 and L4/L5 are mildly protruding into the vertebral canal, distorting the ventral epidural space.

The osseous and surrounding soft tissue structures of the entire spine are within normal limits.

**AGE**

4.5 Years

The urinary bladder is significantly distended.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- Very mild intervertebral disc protrusion L3/L4 and L4/L5 without compressive myelopathy
- Thoracolumbar transitional vertebral, otherwise normal spine

**INTERPRETED BY**

Sebastian Schaub, DVM  
Dr. med. vet. DipECVDI

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study of the spine presents without abnormalities, explaining the described clinical signs. Most likely differentials include inflammatory, ischemic or hemorrhagic lesions of the CNS. If not done so yet, recommend complementing workup by a CSF tap and ophthalmological workup including assessment of blood pressure. An MRI study would be ideal to screen for intramedullary lesions of the CNS.

**HOSPITAL NAME**

Westwood Regional  
Veterinary Hospital

**REFERRING VET**

McConnell

**INVOICE**

52414

**DATE**

6-12-22



**PATIENT**

Muneca Smith

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.

**SPECIES**

K9

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  
sebast.schaub@gmail.com

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