



PATIENT PRESENTING CLINICAL SIGNS

Cecil Brown Gaurmer 6/3/23-Very painful and dragging hind feet after jumping off of bed. Marked lumbar pain. Absent proprioception and postural reactions bilaterally, absent panniculus. deep pain intact bilaterally. Gabapentin 100mg PO TID, Methocarbamol 500mg PO TID, Rimadyl 75mg 1/2 tab PO BID 6/20/23- Medications have helped with the pain, but P walking has not improved since starting medications June 4th. Sent out serum for brucellosis testing 6/20/23

Canine Abnormal PE/Chem/CBC/UA Results: Stiff lumbar and tender T11-13 Ataxic, paretic in rear, Cp deficits Mildly red pododermatitis

BREED COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

Bulldog, French A high resolution plain and myelographic CT study of the entire spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX The ventral arch of C1 presents an incomplete fissure and focal thickening of the bone in the left ventrolateral aspect.

MN The intervertebral disc C2/C3 present central ovoid mineralization. The vertebral endplates C2/C3 present mild spondylosis formation.

AGE T5 presents as hemivertebra. Multifocal spondylosis formation is seen along the vertebral endplates T4/T5 to T6/T7.

3 Years, 1 Month Multiple intervertebral discs along the thoracic and lumbar spine present mild central mineralization.

INTERPRETED BY

After intrathecal contrast administration the spinal cord along the cervical and thoracic spine has the expected diameter and shape, unremarkable. No pathological distortion of the subarachnoid space is appreciated.

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Level with the intervertebral disc spaces L1/L2 and L2/L3, disc material is mildly bulging into the vertebral canal, mildly distorting the ventral epidural space at the same level.

Casselton Vet Service

REFERRING VET

The subchondral bone of the caudal vertebral endplate L7 presents an irregular marginated defect in the dorsal aspect with corresponding isolated irregular shaped mineral attenuating bodies, that are protruding with the anulus of the intervertebral disc L7/S1 into the vertebral canal. The intervertebral disc L7/S1 is occupying approximately 75% of the cross-sectional area of the vertebral canal at the same level.

Dr. Brad Bartholomay

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Osteochondrosis dissecans (OCD) caudal vertebral endplate L7
- Secondary degenerative lumbosacral stenosis with compression of the cauda equina fibers
- Mild intervertebral disc protrusion L1/L2 and L2/L3 without compressive myelopathy
- Incomplete ossification ventral arch C1 – incidental
- Multifocal chondroid disc degeneration along the entire spine
- Hemivertebra T5
- Spondylosis deformans mid segment thoracic spine

INVOICE

58921

DATE

6-20-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An underlying cause for the neurological deficits cannot be specified, given the acute onset of clinical signs after jumping off the couch, acute non compressive nucleus pulposus extrusion is a potential here.



PATIENT The clinical relevance of the changes of the lumbosacral junction is unclear and considered incidental.

Cecil Brown Gaurmer

SPECIES

Canine

BREED

Bulldog, French

SEX

MN

AGE

3 Years, 1 Month

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI



HOSPITAL NAME

Casselton Vet Service

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.

REFERRING VET

Dr. Brad Bartholomay

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

INVOICE

58921

DATE

6-20-23