



PATIENT PRESENTING CLINICAL SIGNS

Pip Towes History: Owner woke up this morning to find patient not able to move hind end. Dragging himself with front limbs. No recent trauma. Has not gone outside recently. Upon physical exam, hind limbs have withdrawal reflex, deep pain was present but delayed response. Knuckling on both hind limbs, not able to use. Anal tone present but could not move tail. No heart murmur appreciated. No back pain appreciated.

Feline

Abnormal PE/Chem/CBC/UA Results: Increased GLU and GLOB, decreased K+,BUN and CREA.

BREED COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

Siamese X A high-resolution plain CT study of the entire spine is provided for review.

SEX COMPUTED TOMOGRAPHIC FINDINGS

Neutered Male

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

The osseous and soft tissue structures of the cervical and thoracic spine present without abnormalities.

AGE

9 Years

The intervertebral disc space L5/L6 is moderately narrowed. Level with the intervertebral disc space L5/L6, mild hyperattenuating material is appreciated in the ventral and right ventrolateral aspect of the vertebral canal occupying approximately up to 50% of the cross-sectional area of the vertebral canal at the same level. The dural tube level L5/L6 is deviated dorsally and distorted. The mild hyperattenuating material is extending cranially up to the cranial third of the vertebral body of L5 and caudally up to the level of the cranial vertebral endplate of L6.

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

Level with the intervertebral disc space L6/L7, a small amount of mineral attenuating material is protruding into the ventral aspect of the vertebral canal.

HOSPITAL NAME COMPUTED TOMOGRAPHIC DIAGNOSIS

Bridgwater VH & WC

- Suspect intervertebral disc extrusion L5/L6 with compressive myelopathy
- Mild intervertebral disc protrusion L6/L7 without compressive myelopathy
- Structural normal cervical & thoracic spine

REFERRING VET

Dr. K. Teerhius

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

16298

The CT study is highly suggestive for intervertebral disc extrusion L5/L6 with compressive myelopathy – the image contrast is limited in the plain CT study and there is a little degree of uncertainty about this finding. If the findings from the neurological examination support the diagnosis and anatomical neurolocalization, surgical decompression is the therapy of choice; the material is mildly accentuated on the right side and right sided hemilaminectomy appears beneficial. In case of doubt, a post contrast CT study± myelographic CT study can be used to confirm the diagnosis prior to surgical intervention.

DATE

6/24/22



PATIENT

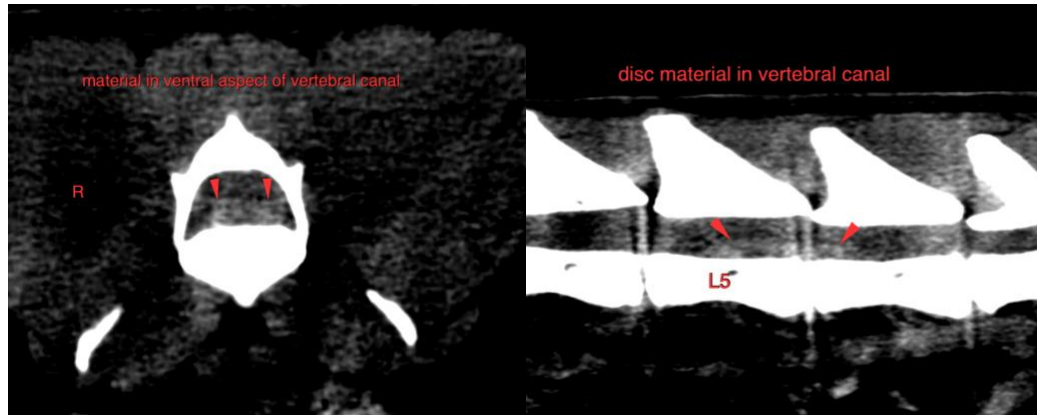
Pip Towes

SPECIES

Feline

BREED

Siamese X



SEX

Neutered Male

AGE

9 Years

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
sebast.schaub@gmail.com

INTERPRETED BY

Sebastian Schaub,
DVM Dr. med. vet.
DipECVDI

HOSPITAL NAME

Bridgwater VH & WC

REFERRING VET

Dr. K. Teerhius

INVOICE

16298

DATE

6/24/22