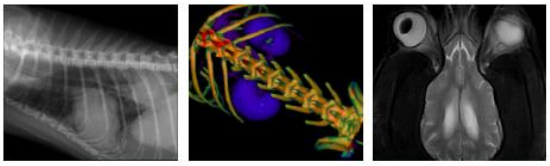

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Siggi Simmons Simmons

SPECIES

Canine

BREED

Shih Tzu X

SEX

MI

AGE

10 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Bridgwater Veterinary Hospital and Wellness Centre

REFERRING VET

DR. K. Watts

INVOICE

52308

DATE

6-6-22

PRESENTING CLINICAL SIGNS

Siggi jumped off of the deck June 4th and landed with his legs behind him, on a cement pad. He was unable to use his hind legs after that. Has not been able to urinate or defecate after the incident as well. Has a previous HX of seizures, is on meds and is being managed well with them. If there is a chance he will recover with surgical intervention owners will take him for surgery, if it is a tumor or none surgical owners will probably opt for euthanasia.
Abnormal PE/Chem/CBC/UA Results: Chem: ALT elevated at 521 (norm 10-125U/L), ALP elevated at 420 (norm 23-212U/L), GGT elevated at 15 (norm 0-11U/L), Cholesterol elevated at 9.86 (norm 2.84-8.26mmol/L) CBC: WBCs are elevated at 19.82 (norm 5.05-16.76 x10^9/L)

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

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

The vertebral endplates T9/T10 and T10/T11 present very mild spondylosis formation. Mild central mineralization of the intervertebral discs T10/T10 is noted.

The intervertebral discs T12/T13, L2, L3 and L3/L4 are mildly bulging into the vertebral canal, distorting the ventral epidural space.

Level with the intervertebral disc space T13/L1, mild heterogeneous mineralized material is seen in the right ventrolateral aspect of the vertebral canal, occupying approximately up to 35% of the cross-sectional area of the vertebral canal at the same level; the dural tube is deviated to the left and dorsally and distorted. The very mild hyperattenuating material is extending cranially, approximately up to the caudal fourth of the vertebral body of T13 and caudally approximately up to the level of the cranial fourth of the vertebral body of L1.

The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 40% of the cross-sectional area of the vertebral canal at the same level.

Both coxofemoral joints present mild to moderate osteophyte new bone formation.

The wall of both external ear canals is prominent and presents an irregular epithelial lining.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect intervertebral disc extrusion T13/L1 with compressive myelopathy
- Mild intervertebral disc protrusion T12/T13, L2, L3 and L3/L4 without compressive myelopathy
- Degenerative lumbosacral stenosis with possible dynamic compression of the caudal equina fibers
- Spondylosis deformans
- Degenerative osteoarthrosis coxofemoral joints bilaterally
- Bilateral otitis externa

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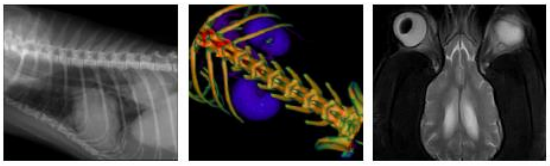

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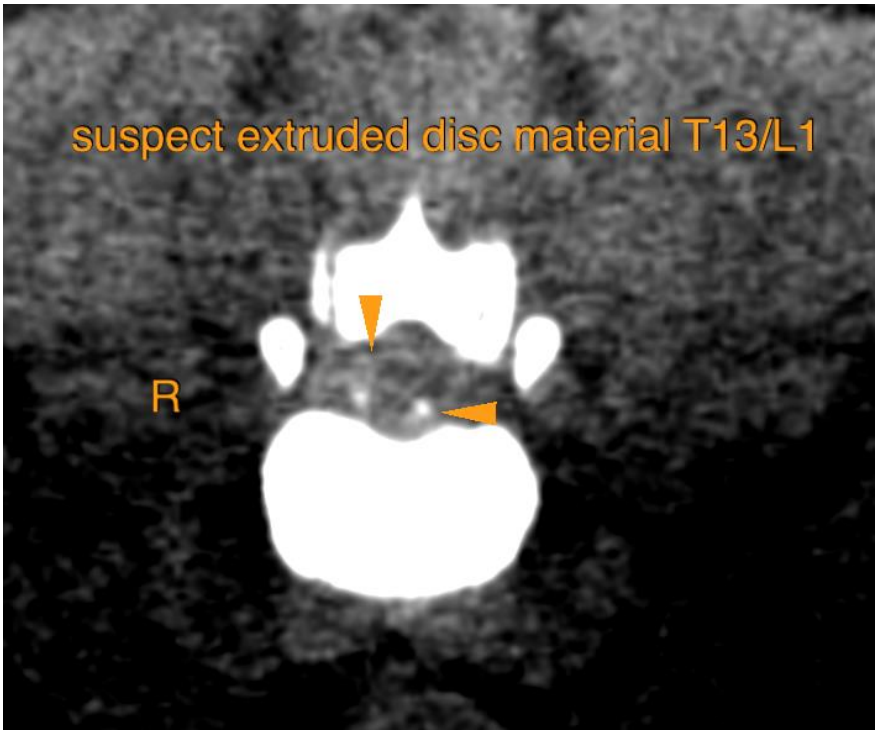
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are suggestive for intervertebral disc extrusion T13/L1, unfortunately the material is nearly isoattenuating to the dural tube and the amount of extruded disc material cannot be clearly defined, and it might also represent chronic extrusion, not associated with the current traumatic insult. As there is some uncertainty, a post contrast / myelographic CT would be ideal for final decision making if this is a surgical candidate as acute non-compressive nucleus pulposus extrusion or less likely ischemic myelopathy are still considerations.



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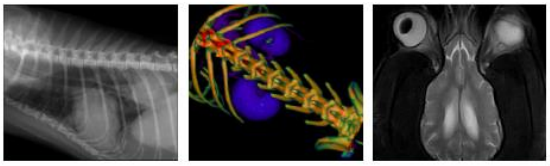

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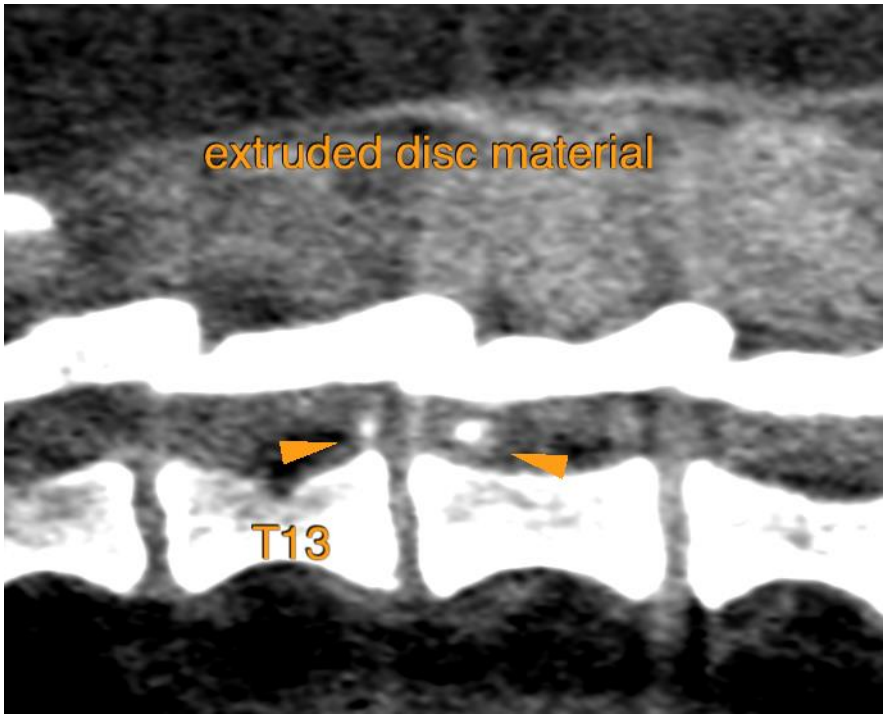

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com