



PATIENT PRESENTING CLINICAL SIGNS

Nala Marcano Pt presented for a second opinion as pt has been very painful and pt is not walking on the hindlimbs with paraparesis. The problem started about 1-2 weeks ago. Pt was seen about 1 and 1/2 month ago for pain and the previous vet diagnosed with panosteitis and was prescribed with Rimadyl. Pt continued with pain for several weeks even with rimadyl, gabapentin and methocarbamol. Recently about 1 week ago pt started to have ataxia and paraparesis with severe uncontrolled pain. Today we repeated radiographs and did BW.

SPECIES

Canine

BREED

Cane Corso

Abnormal PE/Chem/CBC/UA Results: PE: paraparesis on both hindlimbs with severe pain on spine palpation on lumbar region. Hunched back when walking and moving. CP was normal on forelimb and delayed on hindlimbs. Patella reflex was decreased as well as withdrawal. Pt had fecal incontinence at the clinic. BW: CHEM was wnl CBC: WBC 23(5-16) , Neutrophils 14(3-11), Eos 1.8 (0.06-1.25) Fecal: neg U/A: RBCs 140/uL,322/ul, 2+ cocci USG: 1.040 PH 5 Urine culture pending

RADIOGRAPHIC STUDY OF THE ABDOMEN

SEX

Radiographs of the abdomen in two orthogonal imaging planes are provided for review.

Female

RADIOGRAPHIC FINDINGS

AGE

9 Months

The intervertebral disc space L5/L6 is collapsed. The vertebral body of L6 is foreshortened and L6 is displaced cranially, partially into the vertebral body of L5 and mild dorsal kinking of the cranial aspect of the vertebral body of L6 is noted with secondary mild step formation between L5/L6. Immature periosteal new bone formation is seen along the ventral aspect of L5.

INTERPRETED BY

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

HOSPITAL NAME

Paseos Veterinary Center

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. No radiopaque calculi are noted throughout the upper and lower urinary tract.

REFERRING VET

Dr. Ferrer, DVM

The stomach is in its anticipated position and presents normal content. In the imaging plane of the oral segment of the duodenum, a curled, metal opaque linear body is appreciated.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

INVOICE

59329

The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- Chronic discospondylitis L5/L6 with pathological depression fracture caudal vertebral endplate L5

DATE

7-12-23

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In combination with the history of chronic pain, the negative initial radiographic study and the osteolytic lesions of the vertebral endplates L5/L6, the appreciated changes are compatible with



PATIENT Nala Marcano
SPECIES Canine
chronic discospondylitis and secondary pathological depression fracture. Complementing workup by an abdominal ultrasound examination – including complete urinalysis – and thoracic radiographs would be ideal to screen for potential infectious nidus. Cross-sectional imaging can be considered to check for degree of supposed myelocompression, either due to spinal epidural empyema or inflammatory granulation tissue formation. Long term pain management and antimicrobial medication are the therapy of choice – surgical debridement might be considered based on findings of advanced diagnostic imaging.

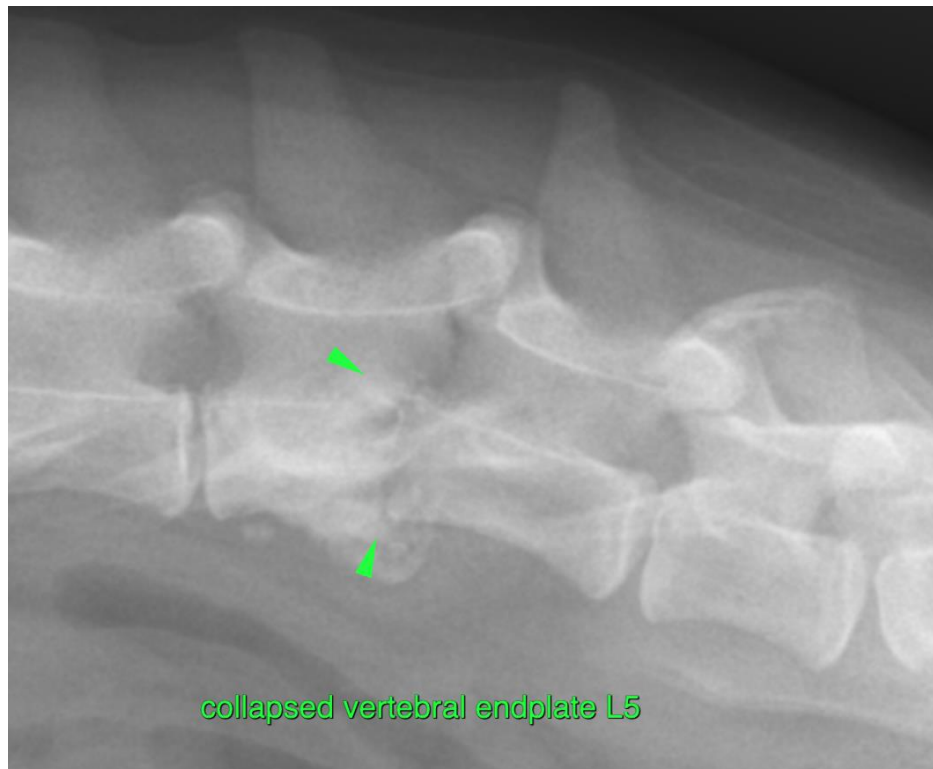
BREED Cane Corso

SEX Female

AGE 9 Months

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME Paseos Veterinary Center



REFERRING VET Dr. Ferrer, DVM
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.

INVOICE 59329
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

DATE 7-12-23