



PATIENT PRESENTING CLINICAL SIGNS

Beans Lewis Acute pain, weakness, stumbling when walking. Painful on palpation of lumbar spine. Survey RADs: Opacity between L3-L4, suspect spondylosis at L6-L7, possible lysis of ilium of hips on one lateral view. Appears to be responding to medical treatment below. Rx: - carprofen 75mg 1/2 PO BID - gabapentin 100mg 2 PO BID Patient also receiving Cytopoint.

SPECIES

Canine

COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE

A high resolution pre- and post-contrast CT study of the lumbar spine is provided for review.

BREED

French Bulldog

COMPUTED TOMOGRAPHIC FINDINGS

The left rib of T13 is fused to the vertebral body.

The vertebral endplates L4/L5 to L7/S1 present mild to moderate spondylosis formation.

SEX

FS

Level with the intervertebral disc space L3/L4, mild hyperattenuating material is seen in the right ventrolateral aspect of the vertebral canal, occupying approximately up to 15% of the cross-sectional area of the vertebral canal at the same level. The hyperattenuating material is extending cranially up to the level of the caudal vertebral endplate of L3 and caudally up to the level of the mid segment of the vertebral body of L4.

AGE

3 Years, 6 Months

The intervertebral discs L5/L6 to L7/S1 are mildly protruding into the vertebral canal.

The osseous and soft tissue structures of the pelvis are within normal limits, but degenerative changes of the sacroiliac joints.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc extrusion L3/L4 with mild compressive myelopathy
- Mild intervertebral disc protrusion L5/L6 to L7/S1 with possible dynamic compressive myelopathy
- Spondylosis deformans

HOSPITAL NAME

Mobile Pet Imaging
CFL

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The extruded disc material in the right ventral aspect of the vertebral canal level L3/L4 is a plausible explanation for the presenting clinical signs. Decision making for conservative or surgical management should be based on development of clinical signs.

REFERRING VET

Borecky

INVOICE

53074

DATE

7-25-22



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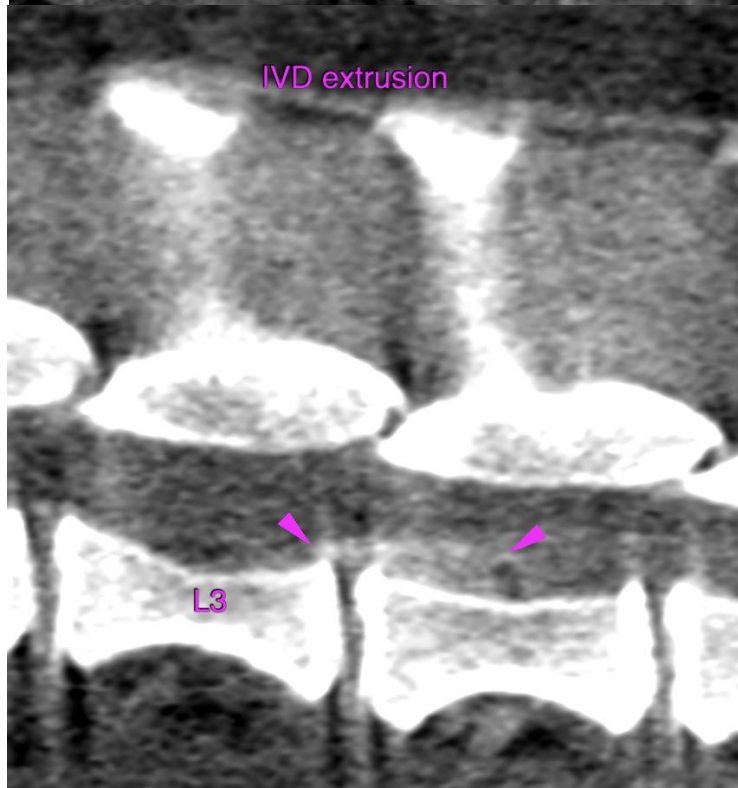
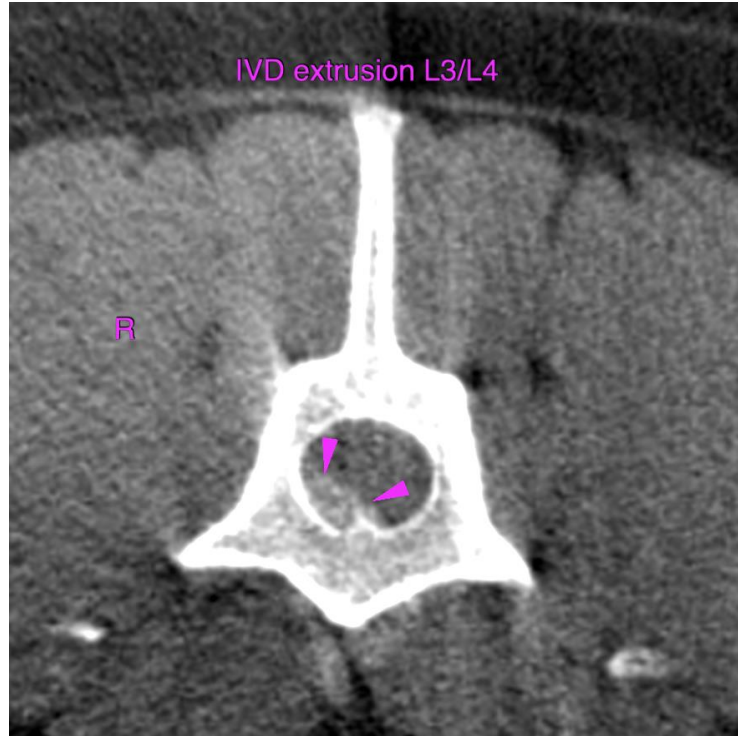
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
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