


**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Landry Moore  
**SPECIES** Canine  
**BREED** Retriever x Lab  
**SEX** Spayed Female  
**AGE** 6 Years 10 Months

Referral from Missouri Valley Veterinary Clinic June 28, 2023, checked at Missouri Valley Veterinary Clinic Significant History (include concurrent conditions, anesthetic concerns, previous surgeries, cardiac or respiratory disease concerns): The P has been "army crawling" sporadically most recently. Going back in her history she has had pain/neurologic symptoms complaints for several years. 2019 O talked about patient not walking in a straight line 2020 patient was walking in circles Sept 2022 patient was limping and acting painful She came to me for acupuncture and O said she sometimes limps, sometimes army crawls Tentative Diagnosis: Dr. Matt thought peripheral tumor Dr. Andrew thought idiopathic seizures Dr. Margo thought possible autoimmune No change with any medical treatment Current Medications/Therapies: Rimadyl, gabapentin, zomisamide, prednisone, atopica at different times and none are really working July 26, 2023 Been ok lately Meds: amoxi for blood in urine last week, Gabapentin and pred SID in AM . Last dose was this am PE Notes: slight R head tilt, resistance to neck ROM

Abnormal PE/Chem/CBC/UA Results: ALP 1191 \* U/L ALT 251 \* U/L

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL, NECK AND THORAX**

A high resolution pre- and post-contrast CT study of the neurocranium and a plain and myelographic CT study of the neck and thorax are provided for review. In the myelographic CT study, the contrast medial is distributing along the epidural space.

**COMPUTED TOMOGRAPHIC FINDINGS**
Skull

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

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

**HOSPITAL NAME** State Ave Vet Clinic

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

**REFERRING VET** Dr. Raul Casas

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Neck

Advanced bridging spondylosis formation with fusion of C4/C5 & C5/C6 is seen.

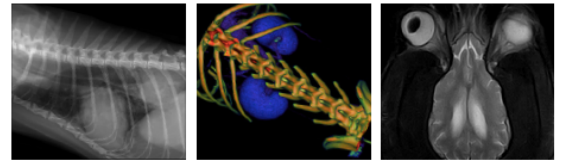
**INVOICE** 44387

Mild step formation is seen between C3/C4.

The subchondral bone of the vertebral endplates of C3/C4 is irregular with small moth eaten osteolytic lesions and sclerosis of the subchondral bone.

**DATE** 7/26/23

After intrathecal contrast administration, the intervertebral discs C6/C7 and C7/T1 are bulging into the vertebral canal, occupying approximately 10% of the cross-sectional area of the vertebral canal at the same level.


**PATIENT** Thorax

Advanced multifocal bridging spondylosis formation is seen along the thoracic spine.

Landry Moore

The lung parenchyma of the included dorsal aspects of the lung present the expected architecture and attenuation behavior.

**SPECIES**

Canine

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

**COMPUTED TOMOGRAPHIC DIAGNOSIS**
**BREED**

Retriever x Lab

- Intervertebral disc protrusion C6/C7 and C7/T1 with possible dynamic myelocompression
- Block vertebra C4/C5 & C5/C6 – likely congenital
- Mild spondylolisthesis C3/C4
- Chronic discopathy C3/C4 with chronic osseous remodeling of the respective vertebral endplates
- Advanced bridging spondylosis formation C2/C3 to C5/C6
- Spondylosis deformans along the thoracic spine

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appreciated degenerative changes along the cervical spine are considered as a sequela to congenital block vertebra formation C4/C5 & C5/C6 with likely altered biomechanical forces that might be a source for pain. The CT study presents without clinically relevant intervertebral disc disease, neither along the cervical nor the thoracic spine. However, as the contrast column in the myelographic CT study stops level with C4, evaluation of the intervertebral discs C2/C3 and C3/C4 is not possible. The impaired movability of the neck may result in an altered movement pattern.

**INTERPRETED BY**

Sebastian Schaub,  
 DVM Dr. med. vet.  
 DipECVDI

Theoretically, hypervitaminosis A is a consideration but I would expect also changes along the facet joints and joints of the appendicular skeleton.

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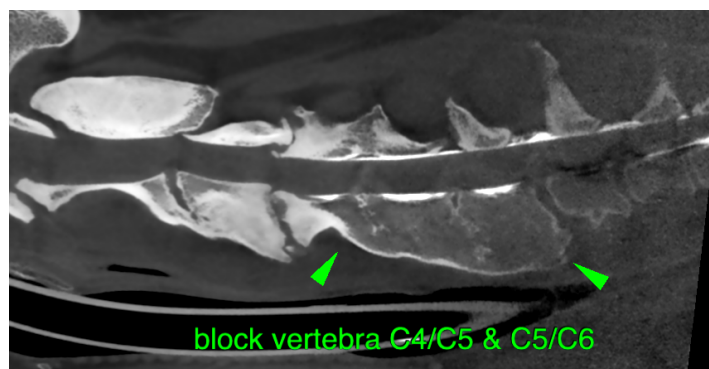
Dr. Raul Casas

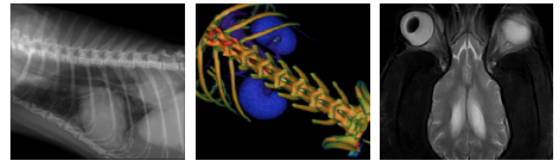
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**PATIENT**

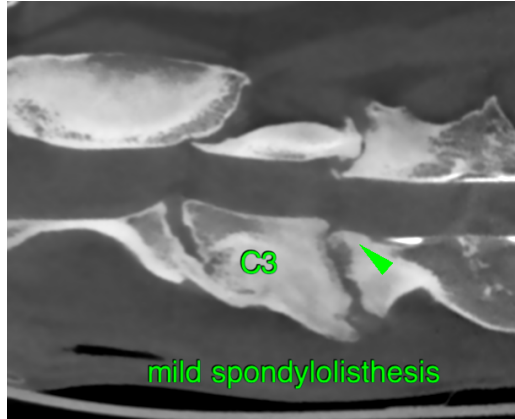
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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