



PATIENT

Tilli Graves

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Female

AGE

10 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Colyton Veterinary
Hospital

REFERRING VET

Chris Papantonio

INVOICE

53781

DATE

8-29-22

PRESENTING CLINICAL SIGNS

Presented 2 weeks ago for lethargy, improved on antibiotics Presented 1 week ago for acute unilateral paresis on LHL At the same time, was suspected to have pyometra from blood work and ultrasound findings. 5 days ago spey was performed, and found to have enlarged U-bladder. Over the last last 5 days, no improvement on LHL paresis and bladder function. Hence CT was performed. Reported on 26/8/22 and suggested CT Myelogram. Ct Myelogram performed today. Neuro exam pre CT showed normal to hyperreflexic patella reflexes, deep and peripheral pain preception present, non ambulatory paresis, some voluntary movement, worse on LHL. Neurolocalisation T3-L3.

Abnormal PE/Chem/CBC/UA Results: Previous CT Reported by Dr Sebastian Schaub, DVM Dr. med. vet. DipECVDI on 26/8/22

COMPUTED TOMOGRAPHY OF THE THORACIC & LUMBAR SPINE

A myelographic CT study of the thoracic & lumbar spine in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The spinal cord presents an even diameter throughout. Physiological widening of the spinal cord level with the lumbar intumescence is visible.

Stationary osseous findings.

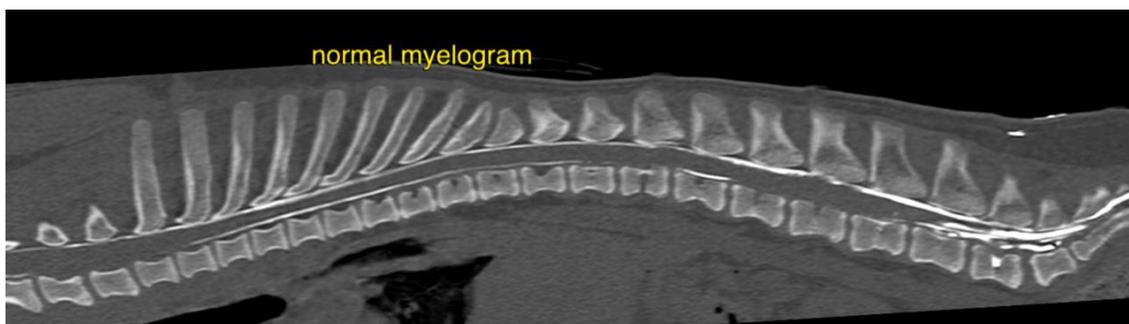
COMPUTED TOMOGRAPHIC DIAGNOSIS

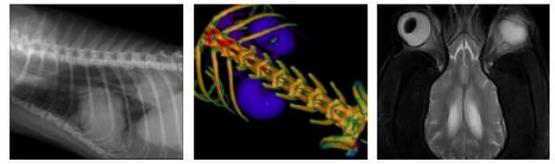
- Normal myelographic CT study of the thoracic and lumbar spine - but the lumbosacral transitional vertebra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Unfortunately, the myelographic CT study of the spine reveals no abnormalities, explaining the paresis. Given the acute onset of clinical signs, ischemic myelopathy or acute non-compressive nucleus pulposus extrusion are considerations here.

The irregularity of the contrast column level with L5 to L7 is considered as a sequela to epidural and subarachnoid distribution of the contrast media.





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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
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