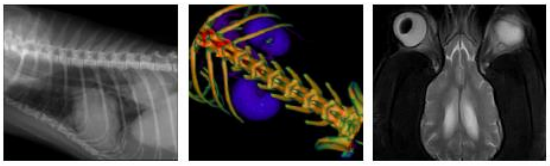


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Charlie Davis

SPECIES

Canine

BREED

Retriever Mix

SEX

Neutered Male

AGE

1 Year 1 Month

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Toronto AHP

REFERRING VET

Dr. Edouard Marchal

INVOICE

17528

DATE

9/30/22

PRESENTING CLINICAL SIGNS

History: Patient imported from Saudi Arabia, with a trauma reported in March 2022, or before. Has been unable to use both pelvic limbs (nociception negative) and shows strong UMN with partial reflex voiding and spinal walking. I localizes a neurological lesion secondary to a chronic trauma: T3-L3 myelopathy.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE AND PELVIS

A plain CT study of the thoracic & lumbar spine and the pelvis are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The intervertebral disc space T10/T11 is moderately narrowed. The cranial vertebral endplate of T11 presents a mild concave conformation. There is moderate hyperostosis along the articular processes T10/T11 and the vertebral canal at the same level is moderately narrowed, by approximately 40-50%. The dural tube level T10/T11 is distorted.

The subchondral bone of the caudal vertebral endplate L1 presents signs of chronic osseous remodeling in the region of the caudal growth plate which is mildly widened and presents mild sclerosis. At the ventral aspect of the vertebral body of L1, smooth and solid hook shaped new bone formation is appreciated.

The left tuber of the ischium presents mild irregular solid new bone formation with surrounding soft tissue swelling.

The volume of the musculature of the hind limbs bilaterally is significantly decreased and partial fatty replacement is appreciated.

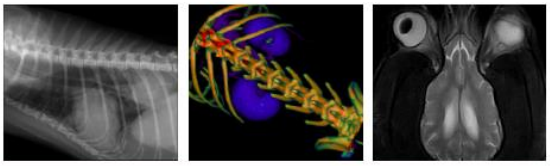
There is a step formation between the femoral head and neck and both are connected by a osseous ridge.

The patella of both stifle joints is located medial to the medial femoral condyle bilaterally. The trochlear groove of the femur bilaterally is shallow.

Osteopenia of the osseous structures of the tarsal joints bilaterally is appreciated. Both tarsal joints are in a marked extended position.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Stenosis of the vertebral canal T10/T11 with compressive myelopathy
- Chronic non-displaced traumatic fracture caudal vertebral endplate L1
- Malunion right femoral head
- Bilateral medial patellar luxation
- Shallow femoral trochlear groove



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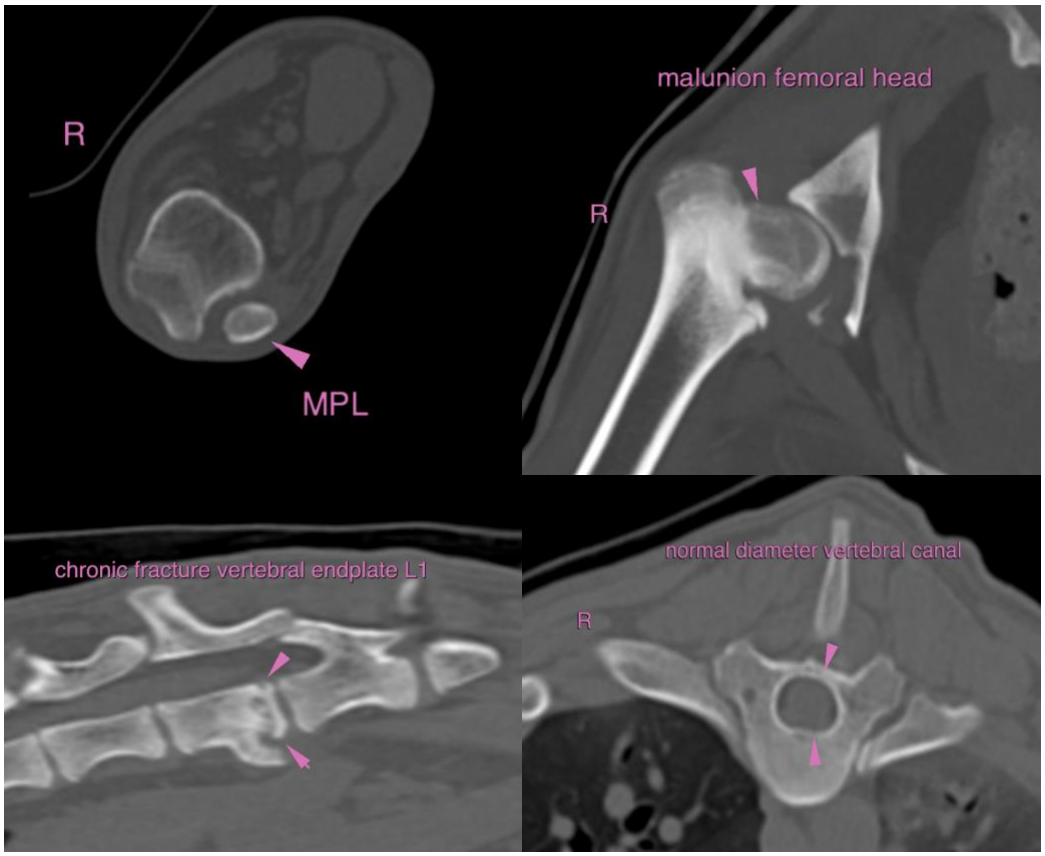
- Osseous remodeling left ischial tuberosity, secondary to preceding trauma
- Neurogenic muscle atrophy hind limbs bilaterally
- Disuse atrophy osseous structures both tarsal joints

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stenosis of the vertebral canal level T10/T11 is likely a sequela to preceding spinal trauma with osseous remodeling of the articular processes T10/T11. The traumatic origin is supported by the chronic caudal vertebral endplate fracture L1 and malunion after fracture of the right femoral neck. Complementing workup by a MRI study of the spine can be considered for further evaluation of the spinal cord (e.g. gliosis).



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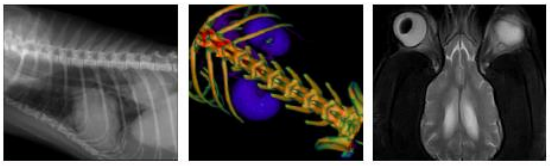

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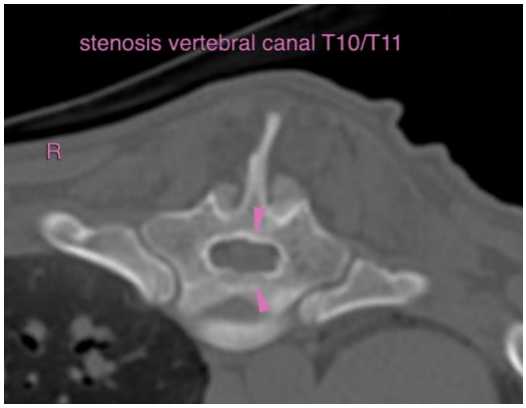

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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