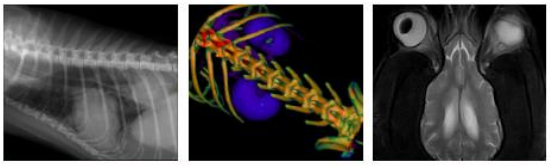
SonoPath Teleradiology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Honey Davis

SPECIES

Canine

BREED

Retriever Mix

SEX

Female

AGE

2 Years

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Toronto AHP

REFERRING VET

Dr. Edouard Marchal

INVOICE

17529

DATE

9/30/22

PRESENTING CLINICAL SIGNS

History: Patient imported from Saudi Arabia, with a trauma reported in April 2022, or before. Has been unable to use both pelvic limbs and the left thoracic limbs (nociception negative). I localize 2 neurological lesions likely secondary to a chronic polytrauma: T3-L3 and left brachial plexus.

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC & LUMBAR SPINE

A plain CT study of the entire spine in a bone and soft tissue reconstruction is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the cervical spine are within normal limits.

The vertebral body of T12 is overriding T11 and is fused to the dorsal lamina of T11. There is moderate solid new bone formation visible level with the lamina of T11 and the vertebral body of T12. The dural tube level T11/T12 is not appreciated.

The osseous and surrounding soft tissue structures of the lumbar spine present without abnormalities. The left humeral head is shallow and presents with mild new bone formation. The volume of the musculature of the left front limb is markedly decreased. There is heterogeneity of the soft tissues in the region of the left brachial plexus.

The third to sixth right rib present evidence of healed rib fractures with smooth, solid callus formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Chronic craniodorsal vertebral luxation T12
- Advanced muscle atrophy left front limb with heterogeneity of the soft tissues in the region of the brachial plexus
- Neurogenic muscle atrophy left front limb
- Suspect preceding trauma of the left humeral head with malformation of the left humeral head.
- Serial costal fracture 3rd to 6th right rib – fractures are in the remodeling phase
- Normal cervical spine
- Normal lumbar spine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is consistent with chronic craniodorsal luxation of T12, explaining the paraparesis, due to the degree of luxation and lack of continuity of the dural tube the neurological deficits of the hind limbs are irreversible.

The muscle atrophy of the left front limb and the heterogeneity of the soft tissues in the region of the brachial plexus are supporting the diagnosis of potential avulsion of the left brachial plexus.

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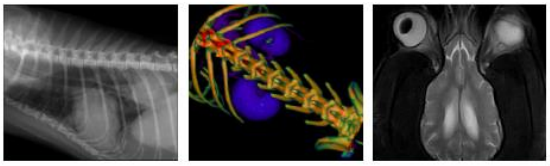

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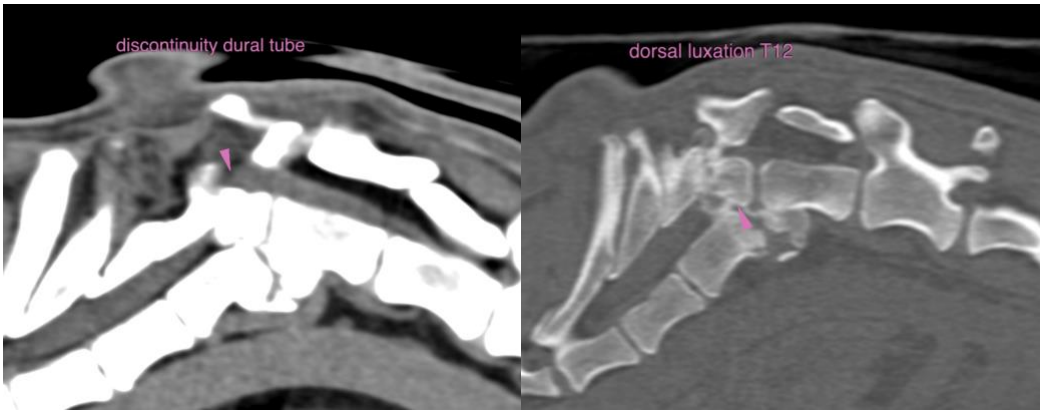

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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