



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bailey Rivera  
**SPECIES** Canine  
**BREED** Pug  
**SEX** Neutered Male  
**AGE** 8 Years

History: Bailey first came in on 1/12/22 and was examined by Dr. Aguirre for problems with his back legs. X-rays of his chest and neck were taken. He was diagnosed with patella dislocation, discopondylosis in the cervical vertebrae, and ear infection. Bailey returns and is sad. Ataxia is severe in the front legs. Dra. Catinchi spoke with the owner and explained that she has to go to a specialist and do the necessary tests to be able to diagnose correctly (to know if she has a discus, Pug Myelopathy, myelopathy, a brain problem, etc). As soon as she gets her appointment she will be put on Prednisone 5mg Bid for 5 days, then SID for 5 days and then EOD for 10 days. (She changed medication because the Galliprant was no longer working for her and since her blood (liver) came out well, she can be put on pred). She also added Rx Hemp oil 0.3ml PO BID.  
 Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

**COMPUTED TOMOGRAPHIC STUDY OF THE SKULL**

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

**COMPUTED TOMOGRAPHIC FINDINGS**

Multiple teeth are absent. Triadan 101, 103, 106, 107, 206, 206 and 404 present a significant widening of the periodontal space.  
 The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

**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.

The left tympanic bulla is filled with non-contrast enhancing soft tissue material, the osseous lining is moderately thickened, and a defect is seen in the ventral aspect of the wall of the left tympanic bulla.

**HOSPITAL NAME**

Veterinary Image  
 Center

The most medial aspect of the external ear canals is collapsed.

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 lateral ventricles are significantly dilated.

**REFERRING VET**

Dr. K. Catinchi

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.

**INVOICE**

17265

Mild to moderate spondylosis formation is seen along the cervical spine. The intervertebral discs C2/C3, C4/C5 are moderately protruding into the vertebral canal – the dural tube at the same level is deviated dorsally and mildly distorted. The subchondral bone of the caudal vertebral endplate of C6 presents a crescent shaped defect dorsally with an isolated mineral attenuating body within the defect, measuring 3.8 mm in size.

**DATE**

9/9/22



**PATIENT COMPUTED TOMOGRAPHIC DIAGNOSIS**

Bailey Rivera

- Intervertebral disc protrusion C4/C5 and C2/C3 with compressive myelopathy
- Osteochondrosis dissecans (OCD) caudal vertebral endplate C6 with accompanying mild intervertebral disc protrusion

**SPECIES**

Canine

- Left sided chronic otitis media
- Stenotic external ear canals
- Periodontal disease 101, 103, 106, 107, 206, 206 and 404
- Hydrocephalus internus
- Multiple absent teeth

**BREED**

Pug

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

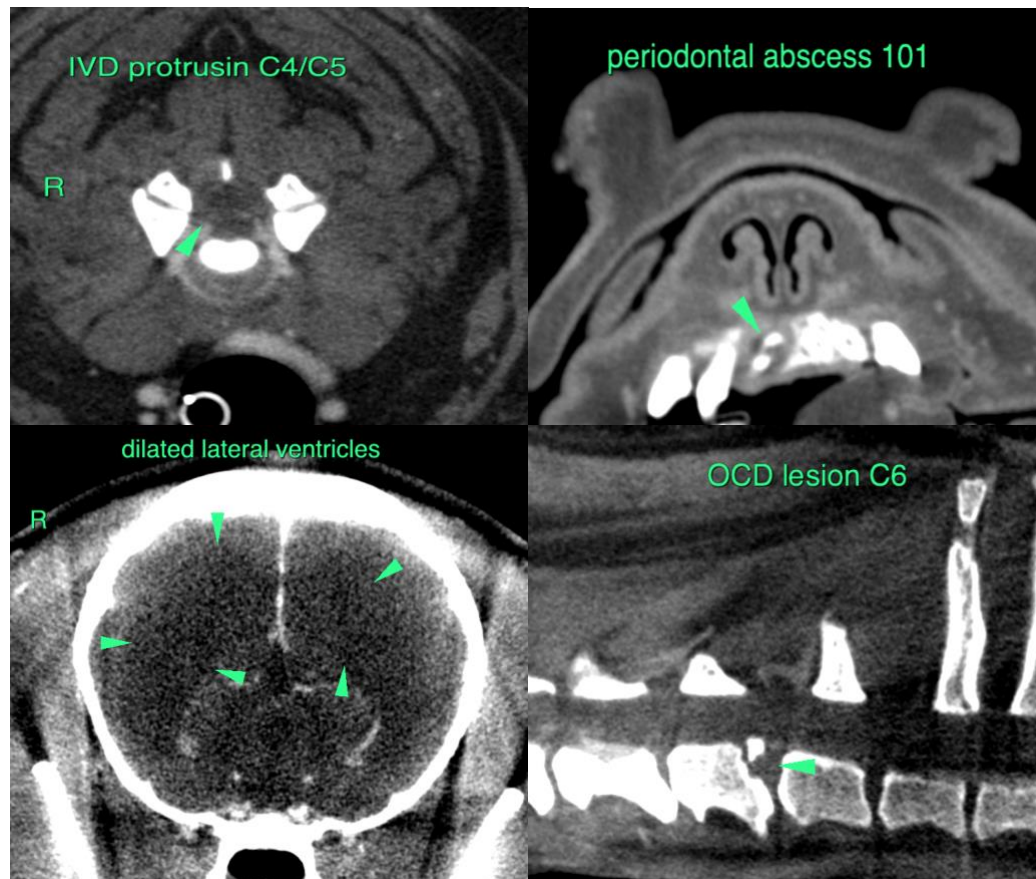
Neutered Male

The clinically most relevant finding is the intervertebral disc protrusion C4/C5 with compressive myelopathy – the finding can be a source for the ataxia. If the findings from the neurological examination are supporting the diagnosis, surgical decompression might be considered.

The clinical relevance of the hydrocephalus is unclear and is likely an incidental finding at this point.

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**PATIENT**

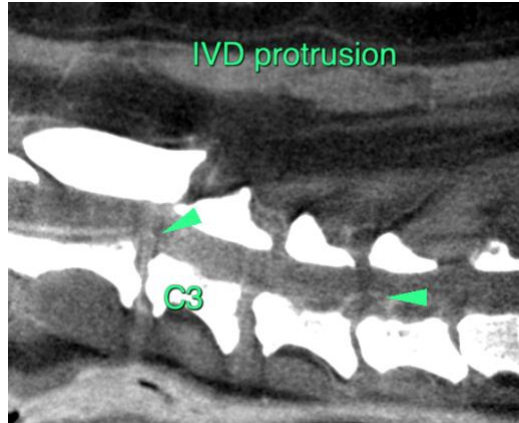
Bailey Rivera

**SPECIES**

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**SEX**

Neutered Male

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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.

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