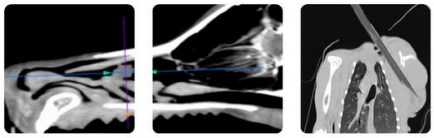


PATIENT

Tito Abeywardana

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

8

WEIGHT

9

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73210

DATE

1-6-26

PRESENTING CLINICAL SIGNS

periodic spinal hyperasthesia - t3l3 localisation
Abnormal PE/Chem/CBC/UA Results: cbc/chem wl

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre- and post-contrast CT examination of the spine and whole body are provided for review totaling 4 series. One pre-contrast of the whole-body, soft tissue algorithm. One pre-contrast of the thorax, lung algorithm. One pre-contrast of the whole-body, bone algorithm. One post-contrast of the whole-body, bone algorithm. One pre-contrast of the thoracolumbar spine, reformatted, bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

The thoracic vertebral column demonstrates a normal vertebral count (T1–T13).

In the lumbar region, there is absence of one lumbar vertebra, with only L1–L6 identified.

At the T11–T12 intervertebral level, a small amount of hyperattenuating mineralized material is present along the ventral floor of the vertebral canal, slightly more pronounced on the left side, resulting in mild spinal cord compression.

At the L2-L3 intervertebral level, a moderate amount of mildly hyperattenuating heterogeneous material is present in the right side, slightly dorsal, resulting and mild spinal cord compression.

At L5–L6, there is a tiny focus of hyperattenuating mineralized material within the ventral aspect of the vertebral canal, without significant spinal cord compression.

The L6–S1 intervertebral disc space is widened, presence of bulging disc, and associated with discrete irregularities of the adjacent vertebral endplates with osteolytic foci.

The T7 and T8 vertebral bodies are shortened and wedge-shaped, consistent with hemivertebrae, resulting in moderate focal kyphosis. Concurrent vertebral endplate spondylosis deformans is noted at this level.

Degenerative changes consistent with spondylosis deformans are present at C6–C7, T4–T5, and T12–T13.

In situ mineralization of intervertebral discs is identified at L1–L2 and L3–L4.

The sacroiliac joints are unremarkable.

The adjacent paraspinal musculature is bilaterally symmetric, with normal volume and attenuation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Lumbar vertebral numerical anomaly, with absence of one lumbar vertebra (L7 not identified).

PATIENT

Tito Abeywardana

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

8

WEIGHT

9

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73210

DATE

1-6-26

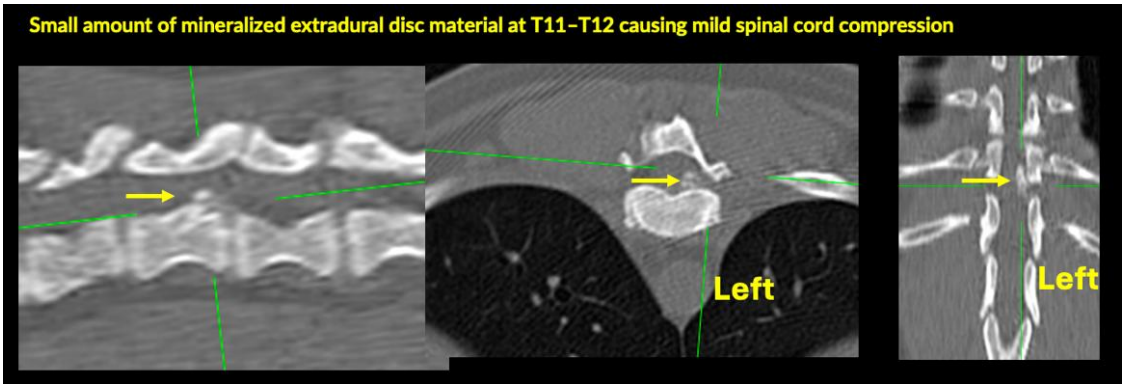
- Small amount of mineralized extradural disc material at T11–T12 causing mild spinal cord compression, consistent with a low-grade intervertebral disc herniation.
- Moderate amount of mildly hyperattenuating heterogeneous disc material at L2-L3, predominantly right-side and dorsal, causing mild cord compression, consistent with mid-grade intervertebral disc herniation.
- Minimal mineralized extradural disc material at L5–L6, discrete intervertebral disc herniation, of questionable clinical significance.
- L6–S1 disc space widening with endplate irregularity and osteolysis. Differential diagnoses include incipient discospondylitis or advanced degenerative change.
- Intervertebral disc degeneration with in-situ mineralization at L1–L2 and L3–L4.
- Congenital vertebral malformations involving T7 and T8 (hemivertebrae) with associated moderate kyphosis and secondary degenerative changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings indicate a combination of congenital vertebral anomalies (hemivertebrae at T7–T8), few in-situ degenerative disc disease, and degenerative changes of the vertebral bodies. Of particular clinical relevance is the T11–T12 and L2-L3 extradural mineralized disc material, consistent with small and moderate intervertebral disc herniation respectively, and resulting in mild spinal cord compression.

Another region of concern is L6–S1, given the differential diagnosis of discospondylitis, which should be considered in the therapeutic planning.

A neurology consultation is recommended to define the most appropriate treatment approach, including management of the variable volume of T11–T12 and L2-3 discs herniations.



PATIENT

Tito Abeywardana

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

8

WEIGHT

9

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

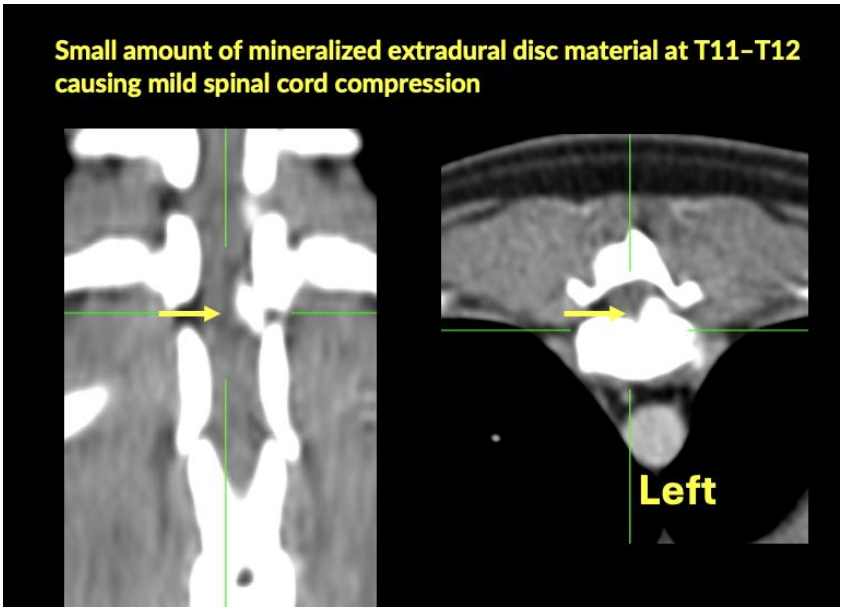
Eamon

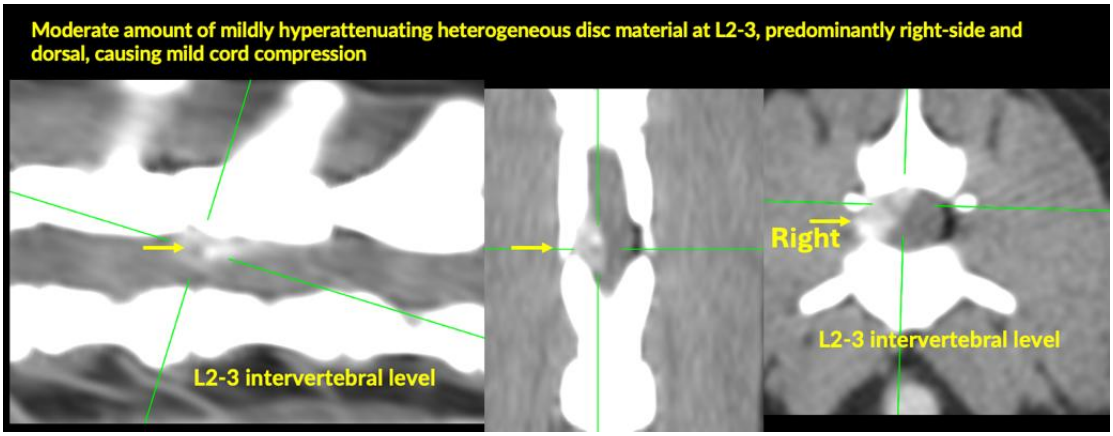
INVOICE

73210

DATE

1-6-26





PATIENT

Tito Abeywardana

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

8

WEIGHT

9

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

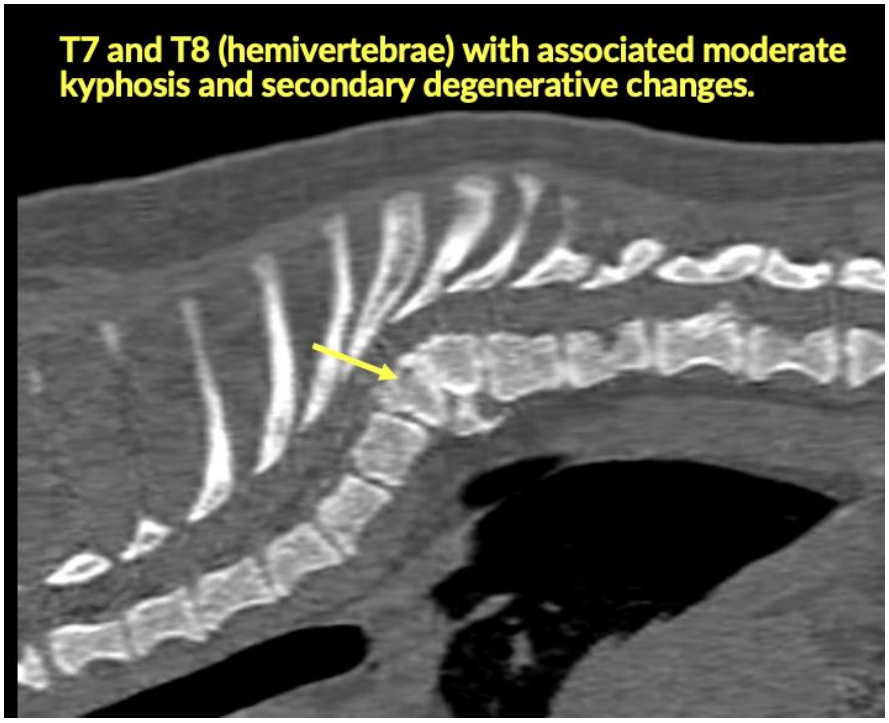
Eamon

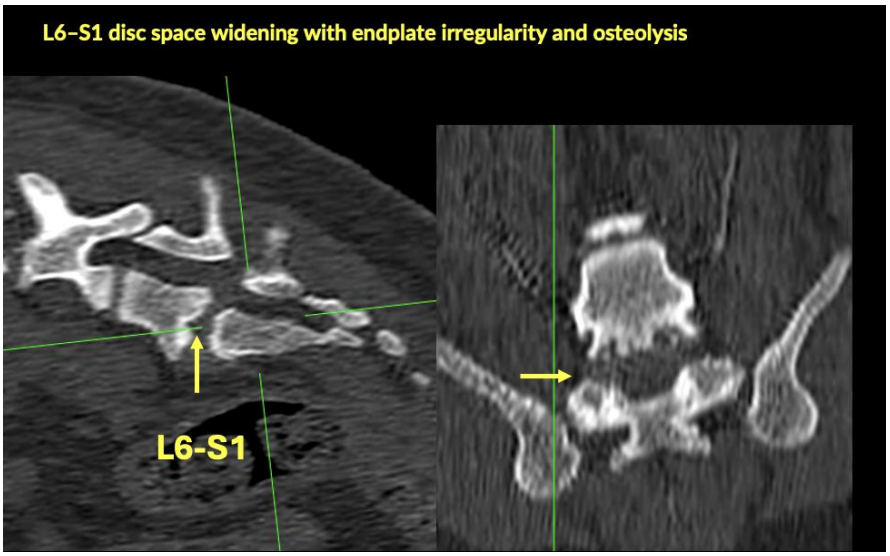
INVOICE

73210

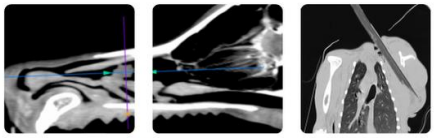
DATE

1-6-26





SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Teleradiology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Tito Abeywardana

SPECIES

Canine

BREED

Pug

SEX

MN

AGE

8

WEIGHT

9

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet

IMAGING PERFORMED BY

Eamon

HOSPITAL NAME

Belconnen Veterinary Centre

REFERRING VET

Eamon

INVOICE

73210

DATE

1-6-26

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.

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.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com