



PATIENT

Bony Burgos

SPECIES

Canine

BREED

Shih Tzu

SEX

M

AGE

9

WEIGHT

13

INTERPRETED BY

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

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Diaz Animal
Hospital

REFERRING VET

Dr. Jose Rivera Torres
DVM

INVOICE

72540

DATE

11-10-25

PRESENTING CLINICAL SIGNS

referred for CT imaging after presenting with an acute onset of tetraparesis.

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre-contrast and CT myelogram study of the entire spine was provided for review, totaling 13 series, including transverse images in both bone and soft tissue algorithms. The caudal collimation ends at L5, and the cranial collimation of the CT myelogram ends at C7.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

The vertebral bodies (C1-C7, T1-T13, L1-L7) are normal in number, size, shape, and attenuation.

Vertebral column alignment is within normal anatomical limits.

There is a discrete amount of slightly hyperattenuating material in the ventral floor of the T12-13, T13-L1, and L5-6, vertebral canal.

The intervertebral disc spaces are within normal limits.

No aggressive osseous lesions, lytic or proliferative changes, or acute traumatic abnormalities are identified.

The adjacent paraspinal soft tissues are within normal limits and appear symmetrical.

L5-6, T12-T13, T13-L1

Myelographic Findings:

Following contrast administration at the L4-5 level, contrast medium is visualized within the subarachnoid space and epidural spaces, and within the cistern chyle, with appropriate cranial flow, until C6 (collimation).

A discrete dorsal elevations and minimal ventral interruptions are seen in the ventral contrast line over the T12-T13 and T13-L1 intervertebral disc spaces.

In the collimated abdomen, there is mild retroperitoneal fat stranding adjacent the left renal pelvis and proximal ureter.

A small subcutaneous soft tissue nodule is seen over the left scapula, measuring 0.4 cm.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- There is a discrete amount of slightly hyperattenuating material in the ventral floor of the T12-13, T13-L1, and L5-6 vertebral canal, with concurrent mild dorsal elevations and



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minimal ventral interruptions in the ventral contrast line over the T12-13 and T13-L1 intervertebral disc spaces. Differential diagnoses include minimal non-mineralized extradural material, resulting in minimal compressive myelopathy.

- The cervical spine appears normal.
- In the collimated abdomen, there is mild retroperitoneal fat stranding adjacent to the left renal pelvis and proximal ureter, consistent with discrete non-specific steatitis.
- A small subcutaneous soft tissue nodule is seen over the left scapula. Differential diagnoses include granuloma or soft tissue neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT spinal and CT myelogram findings demonstrate discrete intervertebral disc herniations, resulting in minimal compressive myelopathy, at T12-13, T13-L1, and L5-6. These changes are discrete and are unlikely to correlate with the patient's current neurological signs of tetraparesis.

Other potential differential diagnoses include Acute non-hydrated intervertebral disc herniation, meningitis/myelitis, inflammatory, or neurovascular disease. Correlation with cerebrospinal fluid (CSF) analysis is recommended, and magnetic resonance imaging (MRI) may be required for better characterization.

TECHNICAL COMMENTS

The CT myelogram in the cervical spine region was not provided for evaluation.





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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.

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