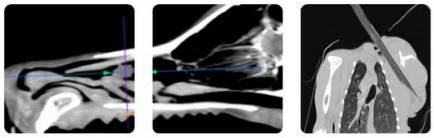


PATIENT

Hildie Bourne

SPECIES

Canine

BREED

German Shepherd

SEX

FS

AGE

9Y, 4M

WEIGHT

91.7lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Green

HOSPITAL NAME

Healing Spirit Animal Wellness

REFERRING VET

Marlena Folden

INVOICE

72515

DATE

11-5-25

PRESENTING CLINICAL SIGNS

Referred for CT due to history of paraparesis, lumbosacral pain, not responsive to a combination of Carprofen, Gabapenin, and Librela. Has been licking feet - attributed to possible referred/ neuropathic pain. A 5 mm nodule was also noted on radiographs in the cranioventral lung field
Abnormal PE/Chem/CBC/UA Results: paraparesis, mild ataxia, delayed CP in both pelvic limbs (R>L), no other neurologic deficits appreciated

COMPUTED TOMOGRAPHIC STUDY OF THE THORAX, LUMBAR SPINE AND PELVIS

A pre- and post-contrast CT study of the thorax, lumbar spine, and pelvis was provided for review, totaling four series. One pre-contrast series of the thorax (bone algorithm), one pre-contrast series of the lumbar spine and pelvis (bone algorithm), and two post-contrast series of the thorax, lumbar spine, and pelvis (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

Lumbar & Lumbosacral Spine and Pelvis

The thoracolumbar, lumbar, and lumbosacral spine are aligned, with a normal vertebral count (T1–T13, L1–L7, sacrum, and caudal vertebrae).

The intervertebral disc spaces are preserved.

Tiny multifocal incidental mineral foci are noted along the dura mater; otherwise, the vertebral canal attenuation is normal.

There are incomplete and complete bridging lateral and ventral spondylosis deformans at L1–2, L2–3, L3–4, L4–5, and L7–S1.

Bilateral sacroiliac joints show mild subchondral bone irregularity, intra-articular bone proliferation (spurs), and multifocal sclerosis.

The coxofemoral joints are congruent, with no periarticular ossifications.

The remaining pelvic bones are within normal limits, with no aggressive osseous lesions.

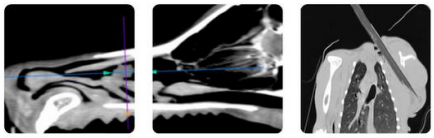
The adjacent paraspinal soft tissues are symmetrical and unremarkable.

In the collimated abdomen, diffuse bladder wall thickening—more pronounced cranially—is noted. No enlargement of the medial iliac or sacral lymph nodes is observed.

Thorax

The trachea and main bronchi are within normal limits.

A focal consolidation and parenchymal band are present in the right cranial lung lobe. Also, peripheral consolidation in the caudodorsal gravity-dependent portions of the caudal lung lobes are noted. The



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remaining pulmonary parenchyma exhibits normal attenuation, without evidence of soft tissue nodules or masses.

The bronchial tree shows normal branching, smooth walls, and an appropriate bronchus-to-artery ratio.

The cardiac silhouette and pulmonary vessels are normal.

The sternal, cranial mediastinal, and tracheobronchial lymph nodes are within normal limits.

The pleural space, diaphragm, and thoracic wall are unremarkable.

The thoracic esophagus is mildly distended with intraluminal gas, likely anesthesia related.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal complete and incomplete bridging lumbar and lumbosacral spondylosis deformans.
- Bilateral sacroiliac joint disease.
- No evidence of aggressive vertebral or pelvic osseous lesions.
- Diffuse cranial bladder wall thickening — consider chronic cystitis.
- Right cranial lung lobe focal consolidation. Differential diagnoses include incipient pneumonia, aspiration pneumonia, passive atelectasis.
- Caudal lung lobe dependent consolidation — likely passive atelectatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings reveal multifocal lumbar and lumbosacral spondylosis deformans, which are likely incidental. No evident cause of compressive myelopathy is identified. However, the sensitivity of computed tomography is lower compared to magnetic resonance imaging (MRI) for some diseases. A spinal cord (medullary) injury without associated osseous involvement, as well as inflammatory, infectious, or other causes of myelopathy, should be considered among the differential diagnoses.

The presence of sacroiliac joint disease may be observed in large-breed dogs. Some patients may or may not exhibit pain, as these lesions can represent inactive or compensated changes that do not necessarily cause discomfort or pain. However, there are few descriptions of infectious sacroiliitis, and this should be considered as a differential diagnosis.

The diffuse cranial bladder wall thickening may reflect cystitis and warrants correlation with urinalysis and urine culture.

Consider empirical treatment for the incipient pneumonia.

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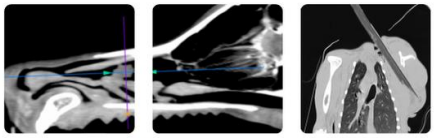

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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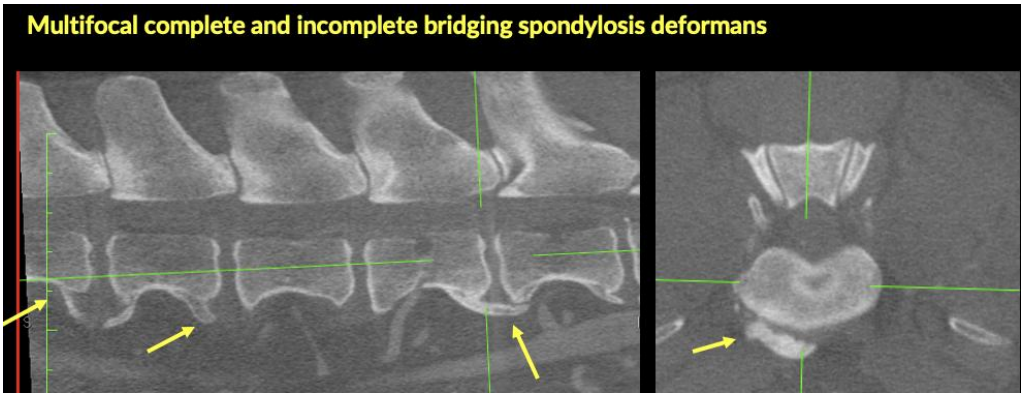

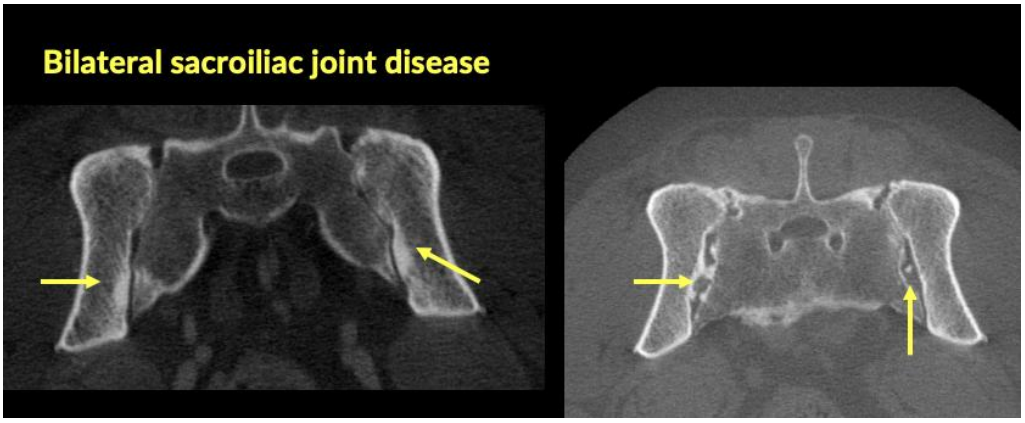

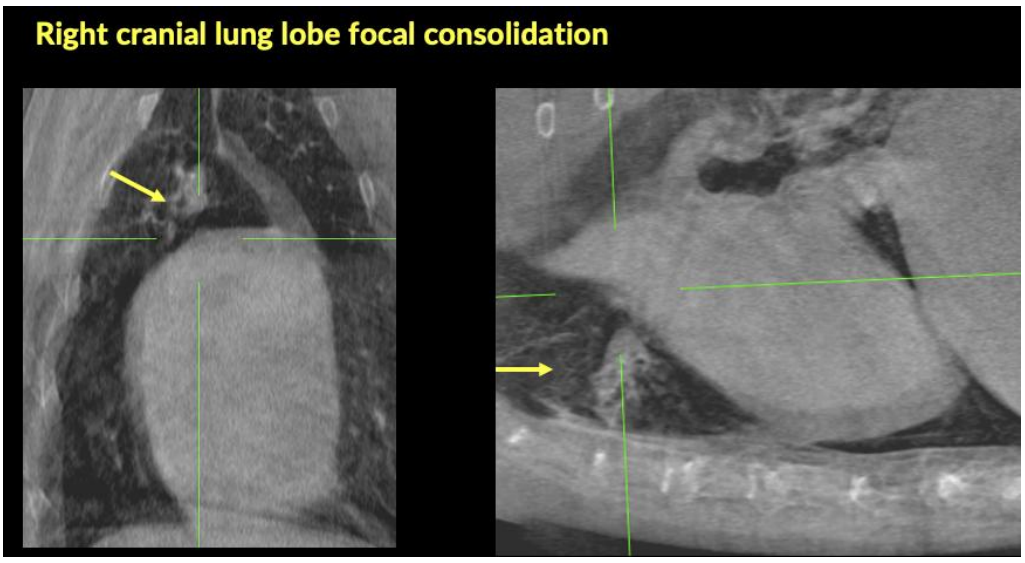

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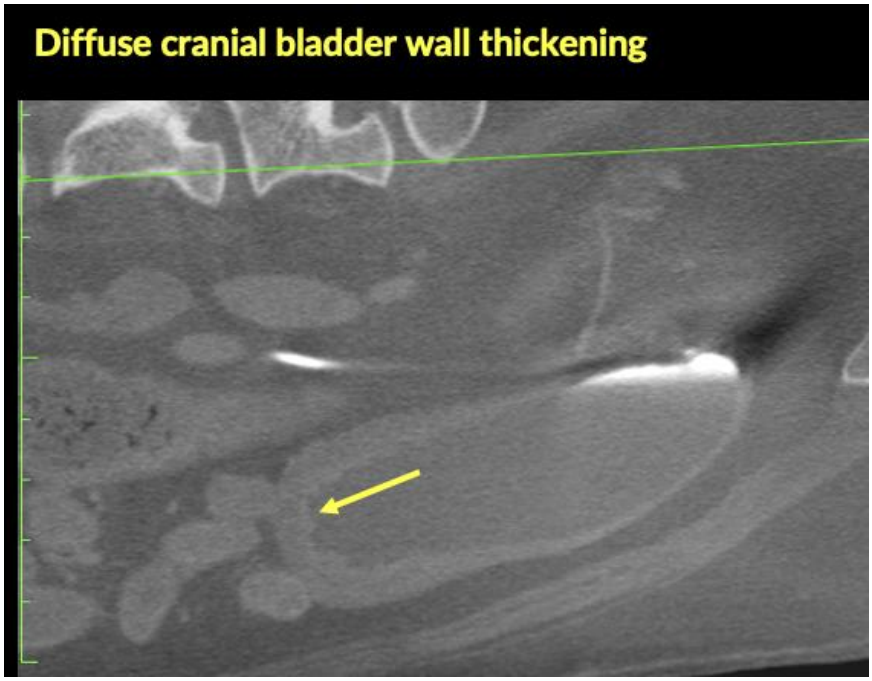

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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