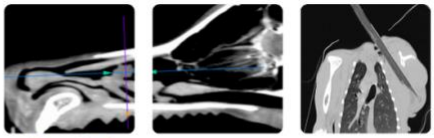

PATIENT

Shosta Wood

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered Male

AGE

7 Years

WEIGHT

42

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Schiebert

HOSPITAL NAME

Shadowridge Veterinary Hospital

REFERRING VET

Dr. Jennifer Schiebert

INVOICE

12726

DATE

12/16/25

PRESENTING CLINICAL SIGNS

Neuro exam done today, 12/16/25. Findings are the following: All cranial nerves intact, no proprioceptive deficits. Mild decreased withdrawal reflex right hindlimb and mild decreased cutaneous trunci reflex L5-L7. NAL: L4-S3 history of herniated disc, diagnosed 6.5weeks ago, not doing better and started on carprofen a few days ago.

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE, PELVIS & HIND LIMBS

A pre- and post-contrast CT examination of the lumbar and lumbosacral spine was provided for review totaling 3 series. Transverse images were acquired using bone and soft tissue algorithms. The field of view extended from L2 to the caudal spine.

COMPUTED TOMOGRAPHIC FINDINGS

LUMBAR & LUMBOSACRAL SPINE

The lumbar vertebral bodies (L2–L7), sacrum, and caudal vertebrae are normal in size, shape, and attenuation.

Vertebral alignment is within normal anatomic limits.

The intervertebral disc spaces are preserved, with no evidence of disc space narrowing or mineralization.

The vertebral canal diameter and attenuation are within normal limits. The epidural fat displays normal attenuation.

There is no evidence of aggressive osseous lesions, lytic or proliferative changes, or acute traumatic abnormalities.

The sacrum and sacroiliac joints are unremarkable.

Adjacent paraspinal soft tissues are symmetrical and within normal limits.

Within the collimated portion of the abdomen, a likely incidental finding is noted: a tiny, rounded soft tissue nodule within the ventral abdominal cavity, serosal fat along the left body wall at the level of L5, adjacent to the spleen, measuring approximately 4.3 mm in diameter. a small granuloma, vessel, or less likely mesenteric micronodule.

PELVIS AND HINDLIMBS

The coxofemoral joints are congruent, with no evidence of articular degenerative changes.

The pelvic bones and sacroiliac joints are unremarkable.

The stifle joints are congruent. The patellae are appropriately positioned within the femoral trochleae. Subchondral bone and sesamoid bones are unremarkable. There is no evidence of joint effusion, and the infrapatellar fat pads show normal attenuation.

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The femora, tibiae, and fibulae are within normal limits. No evidence of aggressive or traumatic osseous disease is identified.

The tarsocrural joints are within normal limits. The adjacent tendons have a normal appearance.

The musculature and soft tissues are symmetrical, with no evidence of mass effect or abnormal contrast enhancement.

The collimated arteries and veins supplying the hindlimbs are adequately opacified with contrast material, with no evidence of intraluminal filling defects.

The popliteal lymph nodes are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

Normal CT appearance of the lumbar (L2–L7) and lumbosacral spine.

Normal computed tomographic appearance of the pelvis and hindlimbs.

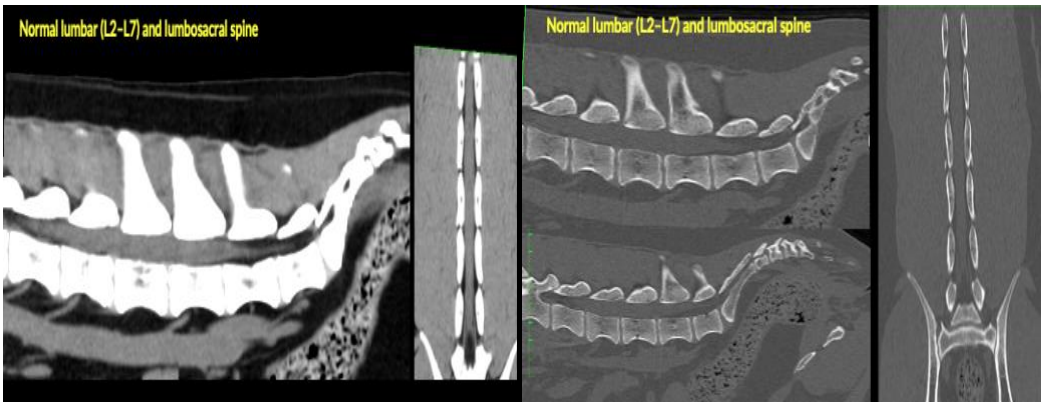
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination of the lumbar (L2–L7) and lumbosacral spine is unremarkable. No evidence of mineralized or degenerated intervertebral disc herniation, vertebral malalignment, abnormal spinal canal attenuation or enhancement, or osseous abnormality at the evaluated levels.

Computed tomography has limited sensitivity compared to magnetic resonance imaging (MRI) for evaluation of non-mineralized intervertebral disc disease, acute hydrated nucleus pulposus extrusion or intrinsic spinal cord disease.

If clinical signs persist or progress, MRI of the thoracolumbar & lumbar spine is recommended for further evaluation. Also, consider a spinal tap for evaluation.

No tomographic abnormalities are identified in the pelvis, hindlimb joints, bones, soft tissues, or regional vasculature that could account for the patient's current clinical and neurological changes.



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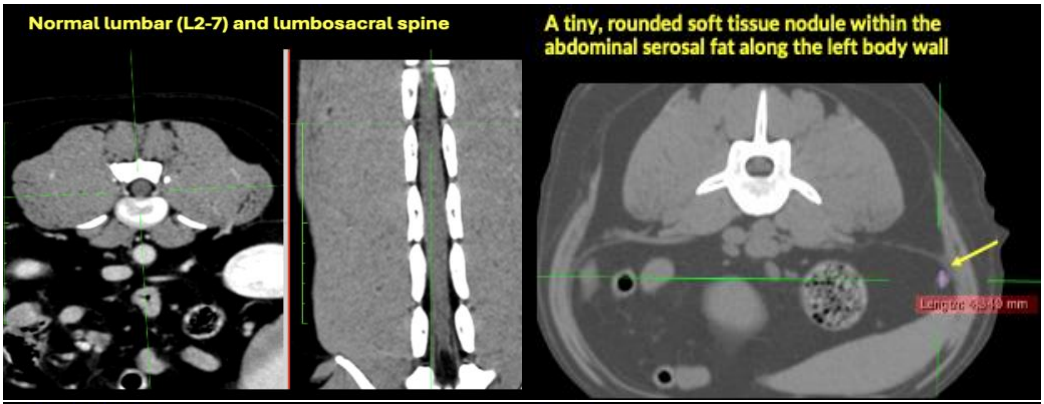

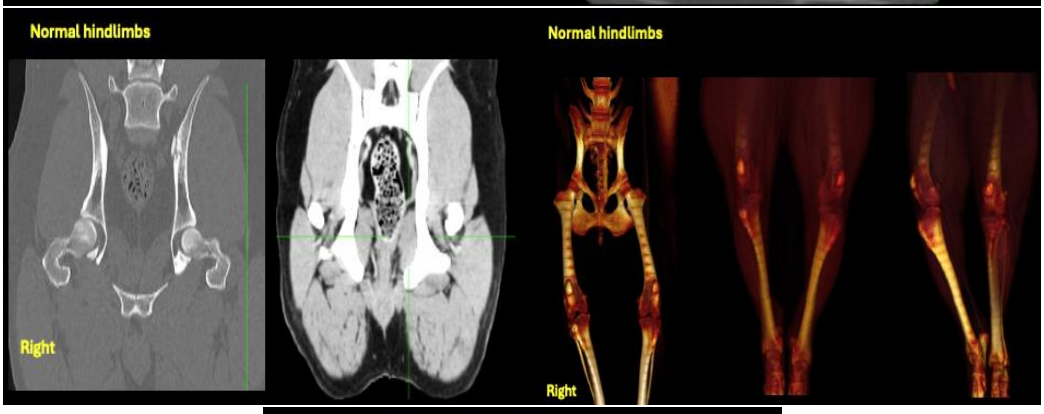

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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