



PATIENT

Buddy Bonner

SPECIES

Canine

BREED

Mixed

SEX

MI

AGE

8

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Infernuso

INVOICE

73051

DATE

12-18-25

PRESENTING CLINICAL SIGNS

weight bearing lame on the right HL, negative cranial drawer and negative joint effusion, pain on hip extension bilaterally CP right HL non weight bearing limb right HL, LS pain

COMPUTED TOMOGRAPHIC STUDY OF THE LUMBAR SPINE

A single CT, post-contrast (delayed) examination of the lumbar and lumbosacral spine was provided for review. Transverse images were acquired using bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

LUMBAR & LUMBOSACRAL SPINE

The lumbar vertebral bodies (L1–L7), sacrum, and caudal vertebrae are normal in size and shape.

Vertebral alignment is within normal anatomic limits.

The intervertebral disc spaces are preserved.

The L7–S1 intervertebral disc demonstrates a bulging appearance. There is moderate, incomplete bridging spondylosis deformans affecting the ventral and lateral margins of the L7–S1 vertebral endplates, associated with sclerosis and discrete subchondral microcysts. The lateral osseous proliferations result in narrowing of the corresponding neurovascular foramina, more pronounced on the right side.

Discrete mineralized foci are present along the ventral floor of the vertebral canal at the levels of the L5–L6 and L6–L7 intervertebral disc spaces.

There is no evidence of aggressive osseous lesions.

The sacroiliac joints are mildly irregular and sclerotic.

The adjacent paraspinal soft tissues are symmetric and within normal limits.

The coxofemoral joints are subluxated and associated with moderate periarticular ossification involving the femoral heads and acetabulum.

Caudal Abdomen (Collimated Field of View): The prostate gland is mildly enlarged and demonstrates heterogeneous contrast enhancement, measuring approximately 5.9 × 5.2 × 3.9 cm.

The medial iliac lymph nodes are enlarged, more pronounced on the right side. The right medial iliac lymph node measures approximately 3.7 × 2.6 cm, and the left medial iliac lymph node measures approximately 1.6 × 1.2 cm.

The testicles are asymmetric in size, with enlargement of the right testicle compared to the contralateral side.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- L7-S1 intervertebral disc bulging associated with moderate, incomplete spondylosis deformans and foraminal narrowing, more severe on the right side, potentially contributing to nerve root impingement.
- Discrete mineralized material along the ventral aspect of the vertebral canal at L5-L6 and L6-L7, consistent with chronic degenerative changes, discrete disc herniation.
- Coxofemoral joint subluxation with moderate bilateral periarticular osteoarthritis.
- Mild sacroiliac joint degenerative changes.
- Mild prostatomegaly with heterogeneous contrast enhancement. Differential diagnosis includes matured dog, prostatic benign hyperplasia, with or without concurrent prostatitis.
- Asymmetry of the testicles, with enlargement of the right testicle. Differential diagnosis includes epididymitis, inflammatory changes or neoplastic changes.
- Enlargement of the medial iliac lymph nodes, right greater than left, reactive lymphadenitis or neoplastic.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings demonstrate chronic degenerative changes centered at the lumbosacral junction (L7-S1), characterized by intervertebral disc bulging, incomplete ventral and lateral spondylosis deformans, subchondral sclerosis, and foraminal narrowing, more pronounced on the right side. These changes may result in dynamic or static compression of the L7 nerve roots, which correlates well with the patient's history.

The presence of mineralized material along the ventral floor of the vertebral canal at L5-L6 and L6-L7 further supports a chronic degenerative disc disease, which may contribute to multifocal lumbosacral discomfort and intermittent neurologic signs.

Additionally, bilateral coxofemoral joint subluxation with moderate periarticular osteoarthritis is identified. These orthopedic changes may contribute to pain.

Additionally, a prostatomegaly with heterogeneous contrast enhancement, medial iliac lymphadenomegaly (right > left), and right testicular enlargement. While these findings are not directly linked to the orthopedic and neurologic signs, they warrant clinical correlation, especially in the context of regional lymph node enlargement. Clinical and ultrasonographic evaluation of the prostate, testes, and medial iliac lymph nodes is recommended, with consideration for cytologic sampling if clinically indicated.

TECHNICAL COMMENTS

Suboptimal contrast enhancement in the delayed post-contrast phase limits detailed assessment of the examined structures. Presence of beam-hardening artifacts, limiting evaluation of adjacent structures



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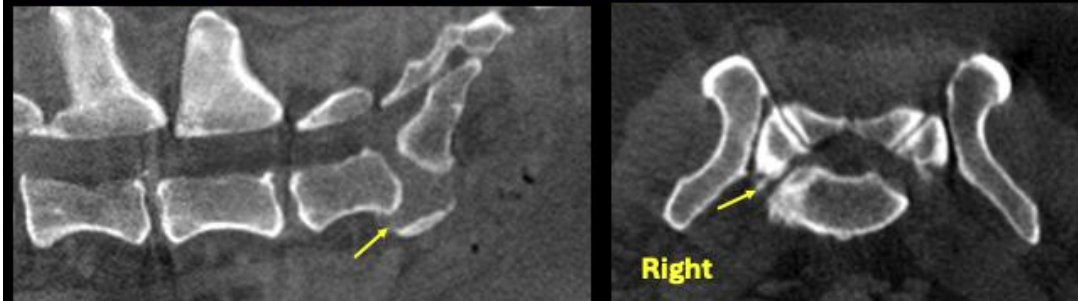
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L7-S1 intervertebral disc bulging associated with moderate, incomplete spondylosis deformans and foraminal narrowing, potentially contributing to nerve root impingement.



L7-S1 intervertebral disc bulging associated with moderate, incomplete spondylosis deformans and foraminal narrowing, potentially contributing to nerve root impingement.



Coxofemoral joint subluxation with moderate bilateral periarticular osteoarthritis





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Enlargement of the medial iliac lymph nodes



Mild prostatomegaly with heterogeneous contrast enhancement





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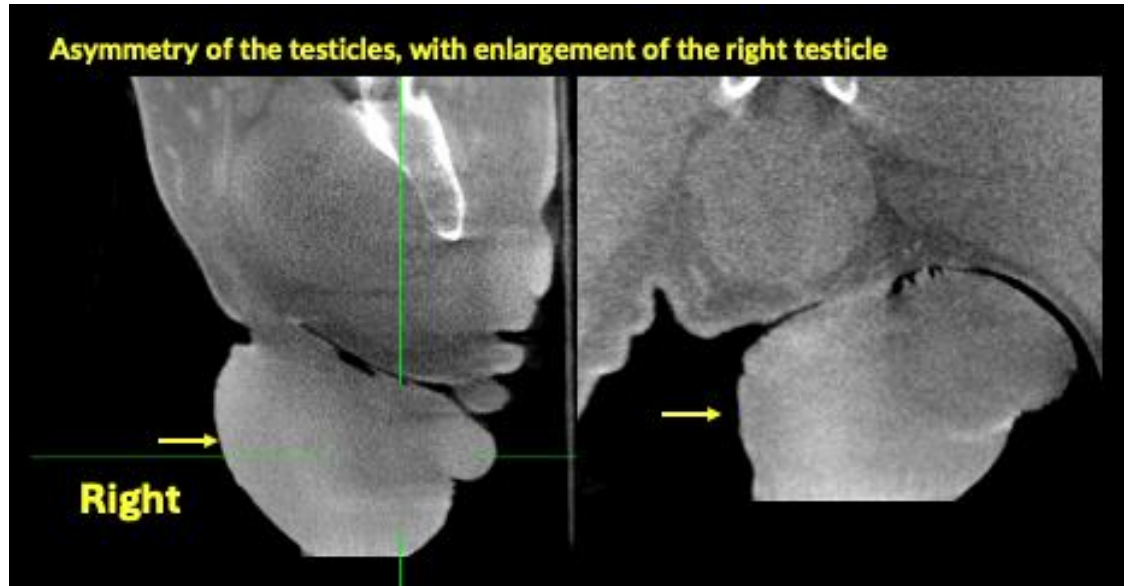
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com