



PATIENT

Gizmo Quiñones

SPECIES

Canine

BREED

French Bulldog

SEX

M

AGE

4Y

WEIGHT

23lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Alondra Aviles Lopez
VT

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dra. M. Cueto, DVM

INVOICE

73100

DATE

12-23-25

PRESENTING CLINICAL SIGNS

On December 14, 2025, patient came with the concern of possible intoxication. He was playing with a box containing bottles of wine; none of the bottles broke. Acute erratic behavior, rapid respiration, lethargy, intermittent signs of discomfort after playing with the box. owner induced emesis using hydrogen peroxide. Vomited once (yellowish) and once again on the way to the hospital. Owner offered food before leaving home, ate well, but then resumed lethargy and intermittent behavioral changes. On December 23, 2025, patient came to do Ct scan and seems to be with a lot of pain. Abnormal PE/Chem/CBC/UA Results: December 14, 2025 CBC: WNL CHEM: ALB 4.3 g/dL (2.3-4.0) ALT 321 U/L (10-125) ALKP 17 U/L (23-212) K 3.2 mmol/L (3.5-5.8)

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre- and post-contrast CT examination of the spine was provided for review totaling 2 series. Transverse images were acquired using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

The vertebral column presents a normal vertebral count, including C1-C7, T1-T13, L1-L7, and the sacrum.

T5, T6, T7, and T12 vertebrae are shortened and wedge-shaped, consistent with multiple hemivertebrae.

The remaining vertebral bodies and the sacrum are normal in size, shape, and attenuation.

Vertebral alignment is within normal anatomic limits.

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

The vertebral canal diameter and attenuation are within normal limits.

The epidural fat displays normal attenuation.

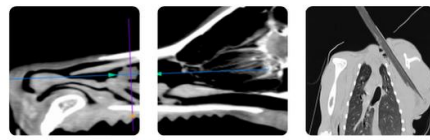
There is no evidence of aggressive osseous lesions, including lytic or proliferative changes, and no signs of acute traumatic osseous abnormalities.

The sacrum and sacroiliac joints are unremarkable.

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

Bilateral coxofemoral subluxation is present, associated with shallow acetabula and mild periarticular ossifications.

Head (partially collimated):



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The tympanic cavities are fluid-filled, with mild sclerosis of the bulla walls, consistent with otitis media. The soft palate is thickened, compatible with brachycephalic conformation.

Abdomen (partially collimated):

Incidental accessory spleens (splenules) are identified.

The prostate gland is borderline enlarged, with mildly heterogeneous contrast enhancement and small intraparenchymal hypoattenuating cystic areas.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple thoracic hemivertebrae involving T5, T6, T7, and T12, consistent with incidental congenital vertebral malformations.
- Otherwise, normal spine.
- Bilateral coxofemoral joint subluxation and mild secondary degenerative change, consistent with hip dysplasia.
- Bilateral fluid-filled tympanic cavities with mild bulla sclerosis. Differential diagnoses include fluid filled retention, or otitis media
- Borderline prostatic enlargement with microcystic changes. Differential diagnoses include mature dog and/or benign prostatic disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT examination identifies multiple congenital thoracic hemivertebrae, without evidence of vertebral instability, spinal cord compression, or disc disease. These findings are likely incidental. If neurological deficits or persistent pain are present, MRI is recommended for further evaluation of the spinal cord and soft tissues.

Other findings include hip dysplasia with mild secondary osteoarthritis, bilateral fluid-filled in tympanic cavities, accessory spleens, and benign-appearing prostatic changes.





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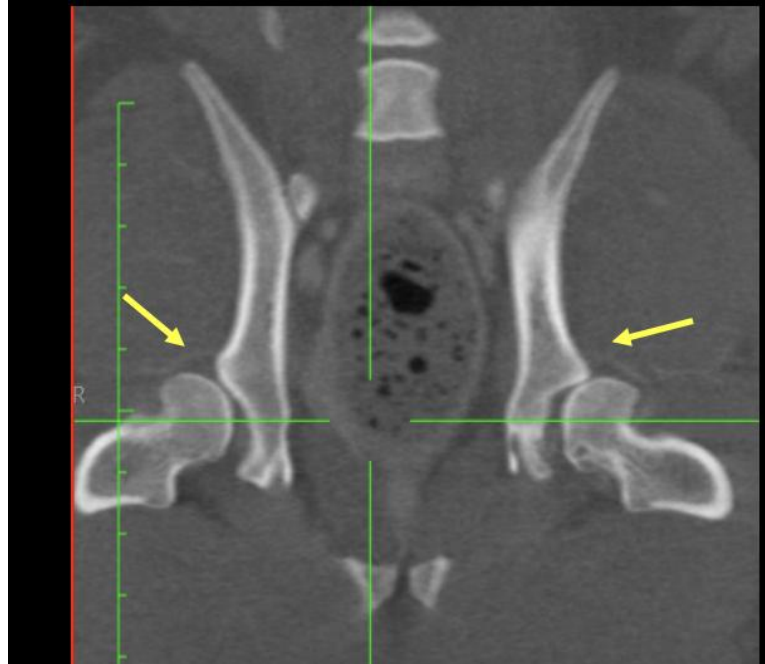
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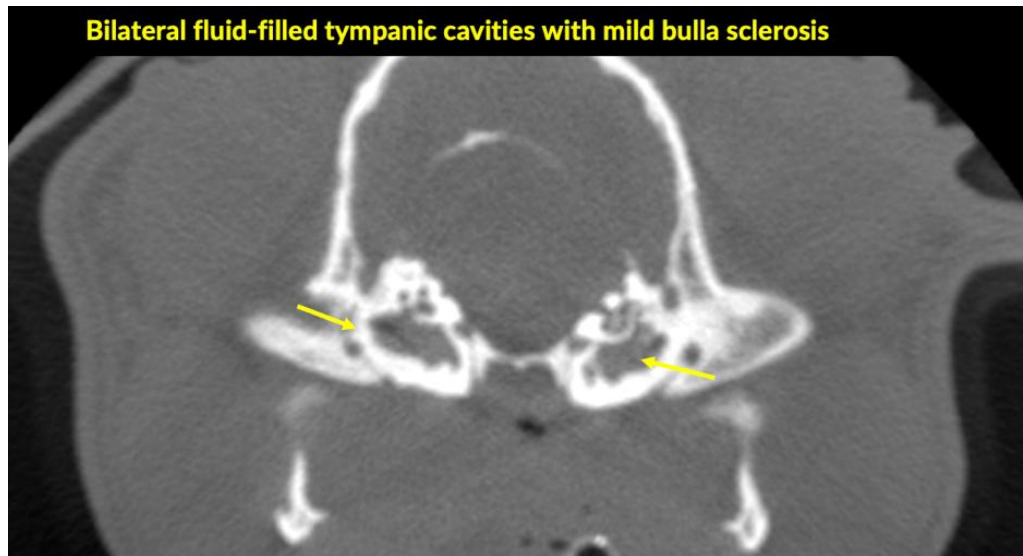
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Bilateral coxofemoral joint subluxation



Bilateral fluid-filled tympanic cavities with mild bulla sclerosis





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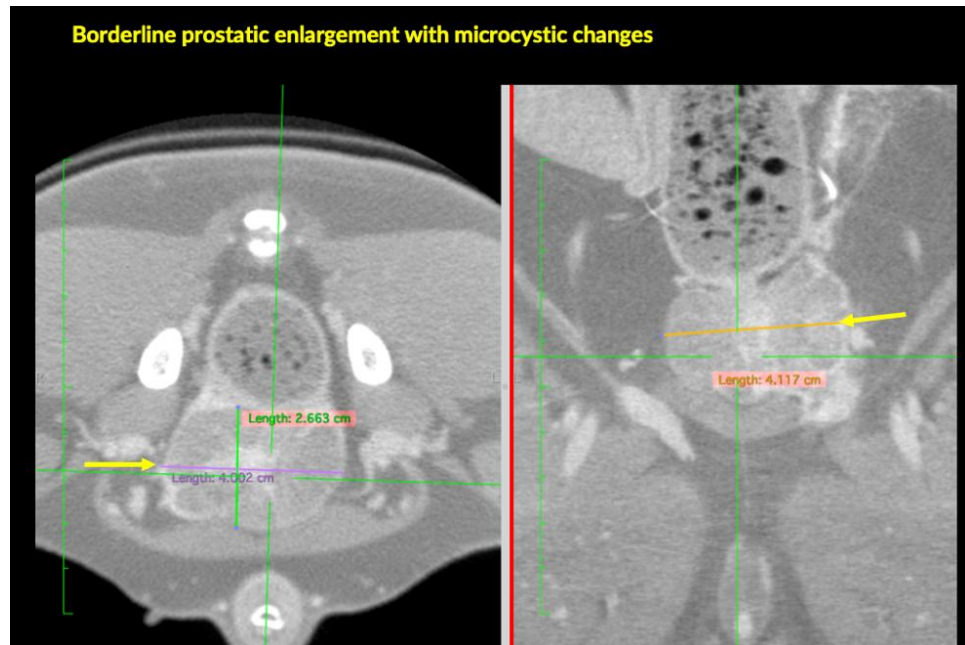
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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