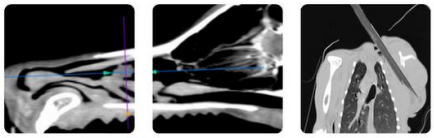

PATIENT

Banx Malikin

SPECIES

Canine

BREED

French Bulldog

SEX

MN

AGE

7

WEIGHT

13.4

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center - Oceanside

REFERRING VET

Kam

INVOICE

72867

DATE

12-4-25

PRESENTING CLINICAL SIGNS

Down in the hind since 11/29/25 paraparesis, positive deep pain and motor on both hind limbs.

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre- and post-contrast CT study of the entire spine was provided for review, totaling two series: one pre-contrast whole-body series (bone algorithm) and one post-contrast whole-body myelographic series (bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

SPINE (THORACIC, LUMBAR & LUMBOSACRAL)

The number of vertebral bodies is within normal limits (C1–C7, T1–T13, L1–L7, and sacrum).

Multiple hemivertebrae are present at T5, T8, T11, L1, and L7, associated with kyphosis at the thoracolumbar transition.

At L5–6, a mild to moderate volume of hyperattenuating extradural material is present, resulting in mild to moderate spinal cord compression and/or nerve roots.

At the ventral floor of the vertebral canal at the levels T11–12, T13–L1, and L1–2, there is a discrete volume of mixed-attenuation extradural material, accompanied by abnormally narrowed intervertebral disc spaces.

Multiple mineralized foci are present in situ within intervertebral disc spaces, consistent with nuclear disc degeneration.

There is multifocal spondylosis deformans at T10–11, T11–12, T12–13, L3–4 (tiny), and L7–S1.

Myelographic Findings:

Following contrast administration at L6–7, the contrast medium fills the subarachnoid and epidural spaces, resulting in iatrogenic irregular cranial tracking of the contrast, which extends up to the level of T6.

At L5–6, there is ventral deviation of the contrast column with thinning of the dorsal contrast line.

There is irregularity and undulation of the ventral contrast line at T10–11, L1–2, and L2–3, with concurrent thinning of the dorsal contrast line at these levels, corresponding to the regions of hemivertebrae.

Collimated thorax: Gravity-dependent moderate pulmonary consolidation is present in the bilateral cranial lung lobes and right middle lung lobe.

Collimated head: Both tympanic bullae contain hypoattenuating fluid material, compatible with bilateral otitis media.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple thoracic and lumbar hemivertebrae with associated thoracolumbar kyphosis.
- Mild extradural material at T11–12, T13–L1, L1–2. Differential diagnosis degenerative, fibrotic changes due to the hemivertebrae, discrete intervertebral disc herniation, non-mineral intervertebral disc herniation, causing mild spinal cord contour distortion (especially at the level of T11-12).
- Mild to moderate extradural material at L5–6, resulting in mild to moderate spinal cord/nerve roots compression; primary differential: intervertebral disc herniation.
- Multiple in-situ nuclear disc mineralizations, consistent with chondroid degeneration.
- Multifocal spondylosis deformans at T10–11, T11–12, T12–13, L3–4, and L7–S1.
- Moderate gravity-dependent pulmonary consolidation (likely atelectasis). Differential diagnosis includes concurrent pneumonia and/or pulmonary fibrosis.
- Bilateral tympanic cavity fluid accumulation. Differential diagnosis includes fluid retention and/or otitis media.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

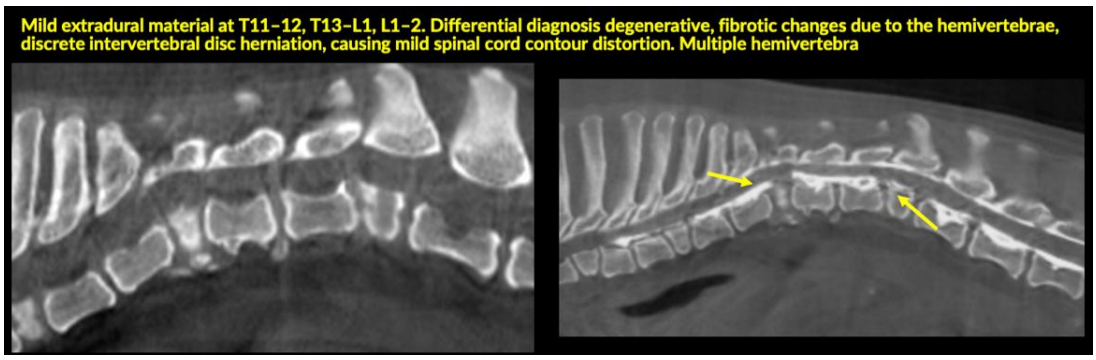
The CT and CT-myelographic study reveal multiple congenital vertebral malformations (hemivertebrae) with secondary kyphotic angulation, contributing to multifocal and variably sized extradural compressive lesions throughout the thoracolumbar region. The extradural material at thoracolumbar transition (T11–12, T13–L1, L1–2, and L2–3) may correspond to discrete mineralized disc herniations, non-mineralized disc material, and/or fibrotic or degenerative changes associated with the hemivertebrae. For improved interpretation of these findings, particularly because the contrast medium fills both the subarachnoid and epidural spaces, MRI is necessary.

At L5–6, there is mineralized disc material, and the greater volume of material in comparison the other abnormalities, at this site indicates a more evident level of compression. This material produces a mild to moderate extradural material, resulting in mild to moderate spinal cord and/or nerve root compression, consistent with a compressive myelopathy/radiculopathy.

Given the multifocal distribution of lesions, determining a single source of clinical signs may be challenging; however, L5–6 appears to be the most clinically relevant site of compression.

If surgical decompression is considered, MRI is recommended for improved characterization of spinal cord signal changes and precise evaluation of compressive components.

Correlate the CT findings with the patient's complete neurologic examination.



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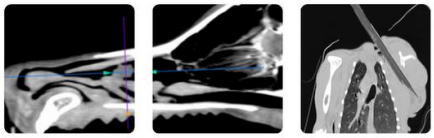

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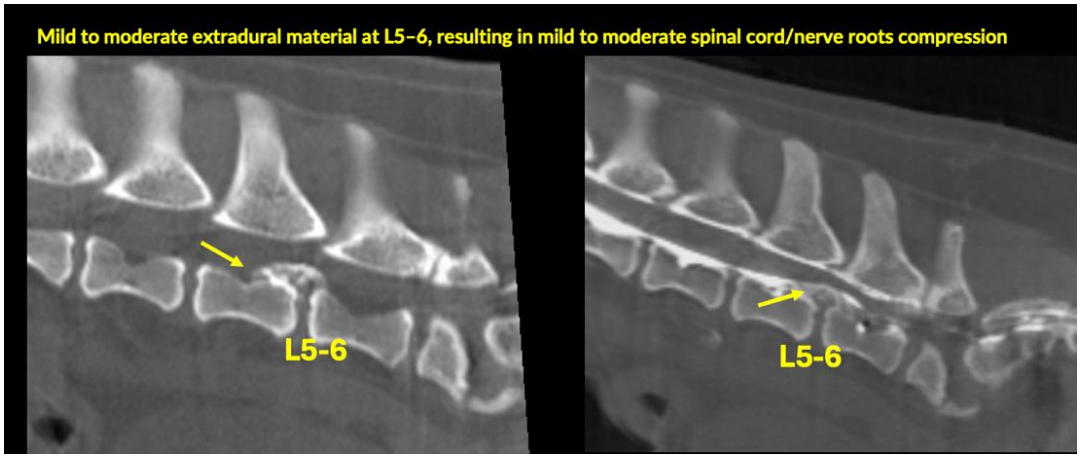

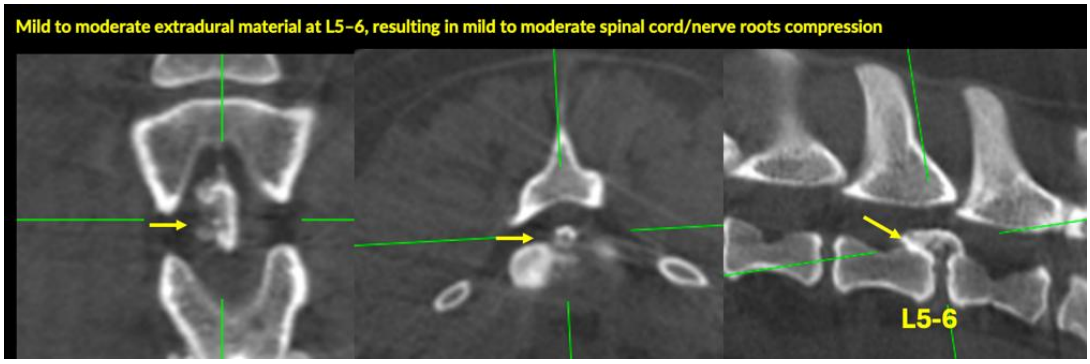

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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