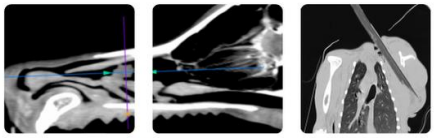

PATIENT

Mia Thatcher

SPECIES

Canine

BREED

Cavalier Mix

SEX

FS

AGE

4

WEIGHT

5.8

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

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DATE

2-11-26

PRESENTING CLINICAL SIGNS

- ataxia no
- Ambulatory non in the hind limbs
- CP negative
- Segmental reflexes decreased
- anal tone negative
- Panniculus reflexes negative L4

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC AND LUMBAR SPINE

Pre- and post-contrast (myelographic) computed tomographic examination of the cervical, thoracic, and lumbar spine. Two series were obtained, including one pre-contrast acquisition and one myelographic acquisition. Images were acquired in the transverse plane using a bone algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

A normal number of vertebral bodies is present, including C1–C7, T1–T13, L1–L7, the sacrum, and caudal vertebrae.

At the L4–L5 intervertebral level, there is a moderate (~40%) volume of ventrally and left-sided, slightly hyperattenuating extradural material within the vertebral canal, resulting in moderate spinal cord compression.

Multiple in situ intervertebral disc mineralizations are noted along the spine.

Vertebral bodies demonstrate homogeneous osseous attenuation, smooth cortical margins, and normal size and shape.

The paraspinal musculature is symmetric, with normal volume and attenuation.

Myelographic findings:

Following intrathecal contrast administration, the contrast medium is distributed within the subarachnoid space, with focal areas of leakage into the epidural space in the more caudal portions. In the cervical spine, the contrast columns are well defined, and cranial-to-caudal flow is preserved.

In the cranial thoracic region, the contrast columns appear slightly attenuated. At approximately the T11 level, there is thinning of both the dorsal and ventral contrast columns; however, motion artifact is present at this level, limiting precise evaluation. Caudally, the contrast dispersion appears mildly irregular, likely influenced by technical and motion-related artifacts.

At the L4–L5 level, there is dorsal elevation and left lateral deviation of the contrast column, corresponding to the extradural lesion identified on the non-contrast examination.

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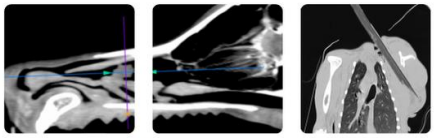

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Moderate left ventral extradural material with spinal cord compression at L4–L5, with deviation of the contrast column. Primary differential diagnoses include intervertebral disc hernia with compressive extradural myelopathy.
- Multiple in situ intervertebral disc mineralizations, consistent with degenerative disc disease.

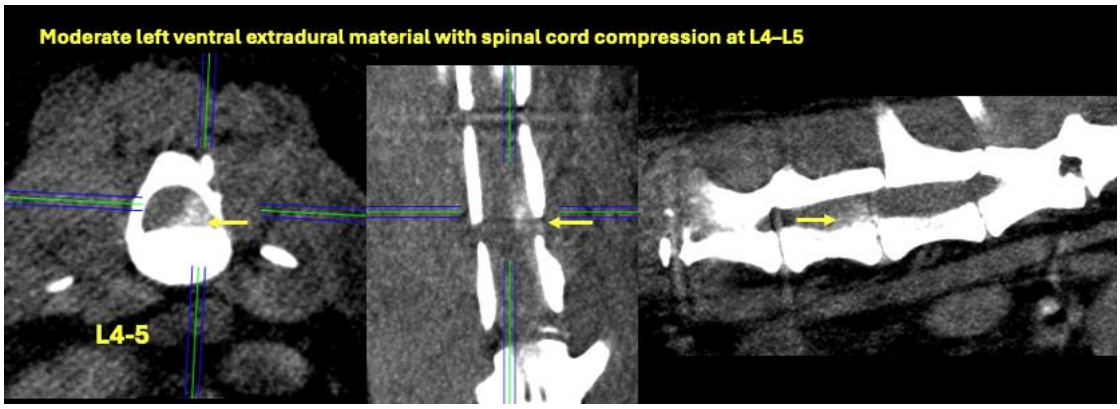
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

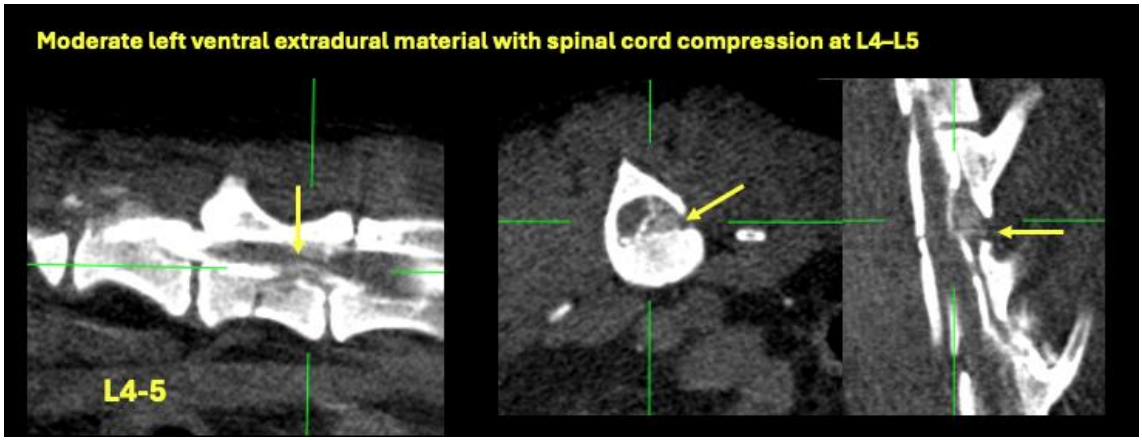
The tomographic findings demonstrate a moderate left ventral extradural compressive lesion at L4 –L5, most consistent with intervertebral disc herniation resulting in compressive extradural myelopathy. This lesion correlates with the reported neurological deficits.

Neurological consultation is recommended for correlation with clinical grading and therapeutic planning, including consideration of surgical decompression.

TECHNICAL COMMENTS

Technical limitations are present, obliquity of the patient, including motion artifacts and streak artifacts associated with a metallic esophageal catheter, which may reduce sensitivity for subtle lesions. The field of view could be optimized in future examinations for more targeted spinal assessment.





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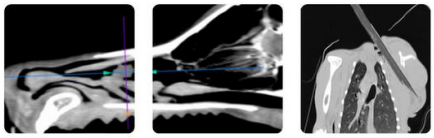

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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