



PATIENT

Kobie Kellar

SPECIES

Canine

BREED

Retriever X

SEX

FS

AGE

1Y, 5M

WEIGHT

37kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Janice

HOSPITAL NAME

Bridgwater Veterinary
Hospital and Wellness
Centre

REFERRING VET

Dr. Ethan Egli

INVOICE

73788

DATE

2-17-26

PRESENTING CLINICAL SIGNS

- 11/17/25 few days of whimpering & yelping sporadically during the night. Would yelp, yawn & slightly tilt head. Slightly less active and less vocal during the day. Started on Meloxicam & Gabapentin, exercise restrictions.
- Recheck a few days later, not much improvement
- 11/25/25 Sedated oral exam & xrays, NAF
- No improvement after a week, some twitching or spasms of the muscles in the neck noted at home. Started methocarbamol & tapering prednisone dose.
- Some improvement seen while on steroids & rest.
- Has continued on Gabapentin 400 mg sid.
- Over the past 2 weeks previous symptoms began to return - arched back, suspected neck pain, reluctant to turn head in one direction. Increased Gabapentin dose to bid-tid until after CT and CSF tap done today.

Abnormal PE/Chem/CBC/UA Results: NAF

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, CERVICAL & THORACIC SPINE

A pre- and post-contrast CT examination of the head, cervical and thoracic spine were provided for review totaling 4 series. One pre-contrast series of the cervical spine (bone algorithm). One pre-contrast series of the thoracic spine (bone algorithm). One pre-contrast series of the head (bone algorithm). One post-contrast series of the head (soft tissue algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

CERVICAL & THORACIC SPINE

The scan range extends from C1 to L4.

There is a normal number of cervical and thoracic vertebrae (C1 -C7; T1 -T13). Vertebral alignment is within normal anatomical limits.

At the level of C2 -C3, there is an abnormal lamina ventral arch angulation, resulting in suspected mild dorsal vertebral canal narrowing at this location.

At C5 -C6 and C6 -C7, the dorsal articular processes appear mildly prominent, with subjective mild lateral vertebral canal stenosis.

The thoracic vertebral bodies are normal in size, shape, and attenuation.

Intervertebral disc spaces are preserved. There is no evidence of disc space narrowing or mineralization.

Epidural fat demonstrates normal attenuation.

No aggressive osseous lesions (lytic or proliferative) are identified.

The adjacent paraspinal musculature is bilaterally symmetrical, with normal volume and attenuation.



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HEAD

The calvarium and skull base are intact.

The brain parenchyma is normal in attenuation, with no evidence of mass effect, midline shift, or ventriculomegaly.

The nasal cavities, turbinates, and paranasal sinuses are within normal limits.

The tympanic cavities are air-filled and unremarkable. The external auditory canals are unremarkable.

The temporomandibular joints are congruent.

The retrobulbar spaces and globes are unremarkable.

The medial retropharyngeal lymph nodes and mandibular lymph nodes are unremarkable.

The mandibular, parotid and zygomatic salivary glands are unremarkable.

No abnormal contrast enhancement is identified within the evaluated soft tissues.

All teeth are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild dorsal vertebral canal narrowing at C2–C3 due to suspected lamina ventral arch angulation of C2-3. At C5–C6 and C6–C7, the dorsal articular processes appear mildly prominent, with subjective mild lateral vertebral canal stenosis. Differential diagnoses include cervical spondylomyelopathy.
- Unremarkable CT examination of the head.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The computed tomographic findings reveal mild dorsal vertebral canal narrowing (stenosis) at C2–C3, suspected to be secondary to abnormal ventral laminar angulation at this level. At C5–C6 and C6–C7, the dorsal articular processes appear mildly prominent, contributing to subjective mild lateral vertebral canal stenosis. Differential diagnoses include cervical spondylomyelopathy.

It is important to note that there are no well-established CT cervical vertebrae anatomic reference standards available for this specific breed. In Great Danes, vertebral canal stenosis is considered a congenital characteristic, and affected dogs do not necessarily exhibit clinical signs. Although vertebral canal stenosis alone may not directly result in clinical manifestations, it may predispose patients to the development of neurologic signs due to dynamic instability and secondary spinal cord compression.

Magnetic resonance imaging (MRI) is recommended to further evaluate the degree of spinal cord compression and to assess for potential associated myelopathy, particularly if the clinical signs worsen.



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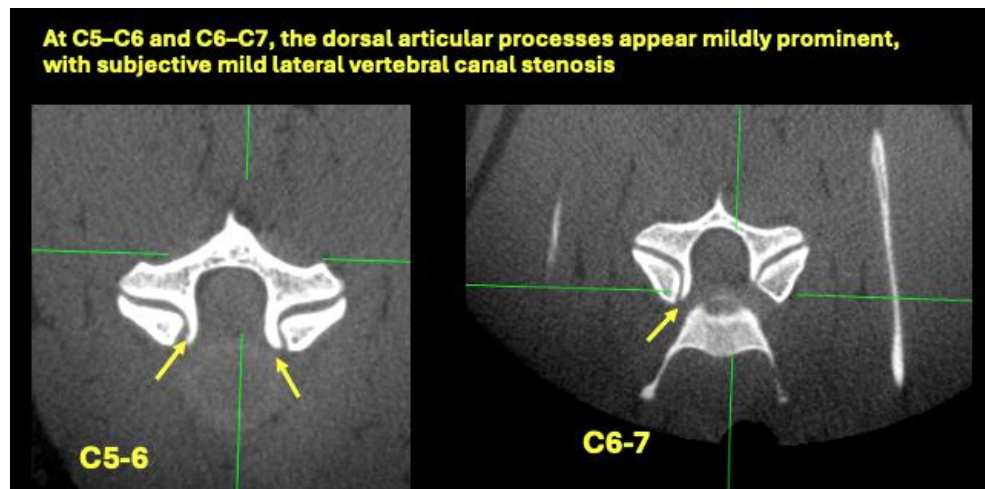
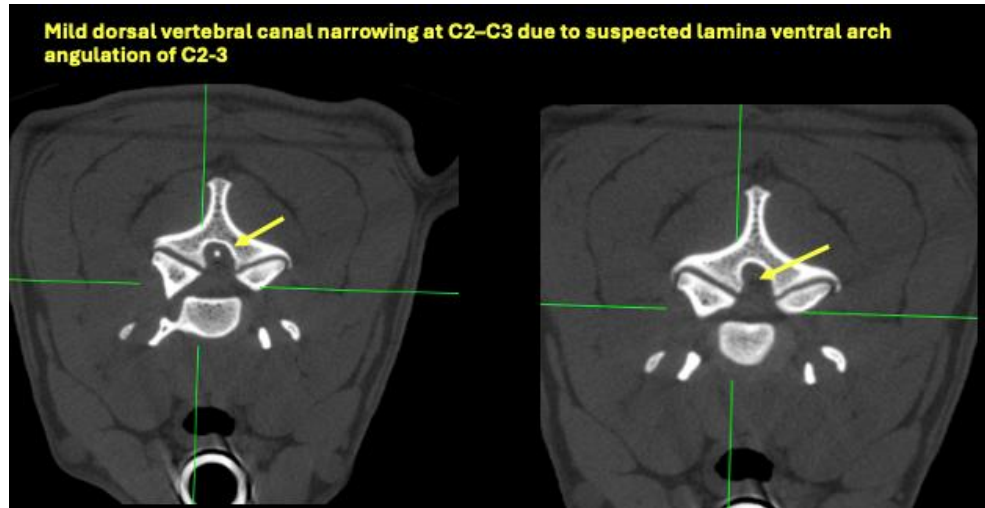
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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