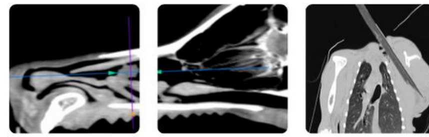


PATIENT

Frida Parache

SPECIES

Canine

BREED

Basset Hound

SEX

SF

AGE

13Y

WEIGHT

43.6lbs

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

Dr. Colon, DVM

INVOICE

73866

DATE

2-19-26

PRESENTING CLINICAL SIGNS

- Patient presented on February 11 for not fully ambulatory of hind limbs mostly on right hind with hypertension, delayed CPs on bilateral hind limbs and right front limb, deep pain present on all four paws. Started on Methocarbamol 500mg, Prednisone 10mg, Cerenia 60mg, Gabapentin 600mg. Recommended strict rest. At one week after pet still not fully ambulatory. Recommended next step for CT to rule out lesion causing current clinical signs.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC: 22.43 (6-17) NEU 19.51 (3-12) CHEM: ALKP 552 (23-212) BUN 32 (7-27) GGT 12 (0-11) Cl 105 (109-122)

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre- and post- contrast CT study of the entire spine is provided for review totaling 3 series. One pre-contrast and two post-contrast series, Transverse bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

CERVICAL, THORACIC & LUMBAR SPINE

The vertebral column demonstrates a normal vertebral formula (C1–C7, T1–T13, L1–L7, sacrum). Vertebral alignment is within normal anatomical limits.

At the level of L4–L5, there is a small volume (approximately 20%) of hyperattenuating mineral material located along the ventral floor of the vertebral canal, resulting in mild spinal cord compression.

At L3–L4, there is a pinpoint hyperattenuating mineral focus within the right aspect of the vertebral canal, without evidence of spinal cord compression.

At L7–S1, there is an incomplete ventrolateral left-sided bridging spondylosis deformans. The osseous proliferation results in obliteration of the corresponding left neurovascular foramen.

Mild subchondral irregularity is present in the sacroiliac joints.

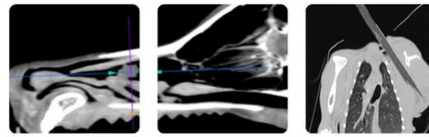
The remaining vertebral bodies are normal in size, shape, and attenuation. No aggressive osseous lesions are identified.

The adjacent paraspinal musculature is symmetrical and within normal limits.

Collimated findings

A small, round filling defect is identified at the bifurcation of the internal iliac artery.

An additional filling defect is present within the splenic vein. Associated with this vascular finding, there is a partially visualized region of absence of contrast enhancement within the splenic tail, which appears more rounded in contour compared to the remaining splenic parenchyma.



PATIENT

Frida Parache

SPECIES

Canine

BREED

Basset Hound

SEX

SF

AGE

13Y

WEIGHT

43.6lbs

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

Dr. Colon, DVM

INVOICE

73866

DATE

2-19-26

The kidneys exhibit mildly irregular contours with multiple cortical hypoattenuating cystic lesions and linear hypoattenuating areas, consistent with renal infarcts.

A partially visualized, moderately sized, predominantly homogeneous fat-attenuating mass is noted within the left subscapular region.

Mild joint effusion and osteophyte formation are present in the left shoulder joint.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- At the level of L4–L5, there is a small volume (approximately 20%) of hyperattenuating mineral material located along the ventral floor of the vertebral canal, resulting in mild spinal cord compression. Differential diagnoses include L4–L5 intervertebral herniated mineralized disc, resulting in mild compressive myelopathy.
- At L3–L4, there is a pinpoint hyperattenuating mineral focus - minimal discal hernia within the right aspect of the vertebral canal, without evidence of spinal cord compression.
- L7–S1 left-sided spondylosis deformans with foraminal obliteration, compatible with possible left-sided nerve root impingement.
- Mild sacroiliac joint degenerative changes.
- Filling defect in the splenic vein, with associated non-contrast-enhancing rounded region in the splenic tail — findings are most consistent with splenic vein thrombosis and secondary splenic infarction.
- Small filling defect at the internal iliac artery bifurcation, suspicious for thrombus.
- Bilateral renal cortical cysts and renal infarcts.
- Left subscapular fat-attenuating mass (most consistent with lipoma; infiltrative lipoma cannot be excluded based on partial evaluation).
- Mild left shoulder osteoarthrosis with joint effusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

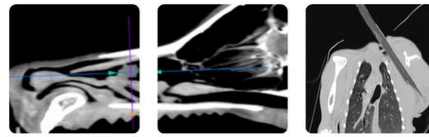
The most significant tomographic finding in the spine is a mineralized intervertebral disc herniation at L4–L5, resulting in mild spinal cord compression. This finding may correlate with the patient's ambulatory paraparesis and delayed proprioception; however, the degree of compression is mild. Correlation with neurological localization is recommended for better definition of treatment approach.

The left-sided L7–S1 foraminal obliteration may contribute to radicular pain and should be considered, particularly if unilateral pelvic limb signs are present on the left side.

The presence of filling defects in both the internal iliac artery and the splenic vein raises concern for systemic thromboembolic disease. The non-enhancing rounded region within the splenic tail is most consistent with splenic infarction secondary to splenic vein thrombosis.

Given these vascular findings, further evaluation is recommended, including a complete coagulation profile, assessment for hypercoagulable states (including endocrinopathies such as hyperadrenocorticism), abdominal ultrasound with Doppler evaluation of the splenic vasculature and spleen.

Overall, the vascular findings may represent a clinically significant concurrent systemic condition requiring medical evaluation.



PATIENT

Frida Parache

SPECIES

Canine

BREED

Basset Hound

SEX

SF

AGE

13Y

WEIGHT

43.6lbs

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

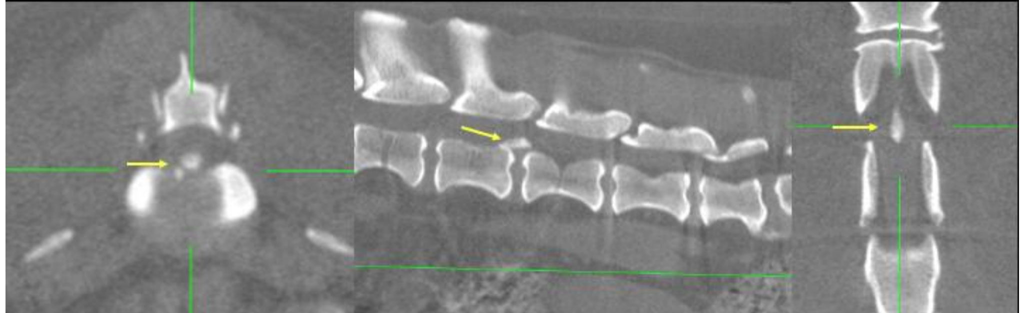
Dr. Colon, DVM

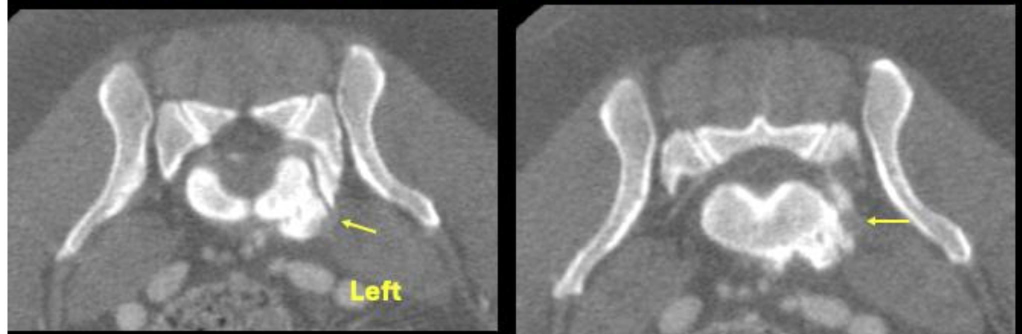
INVOICE

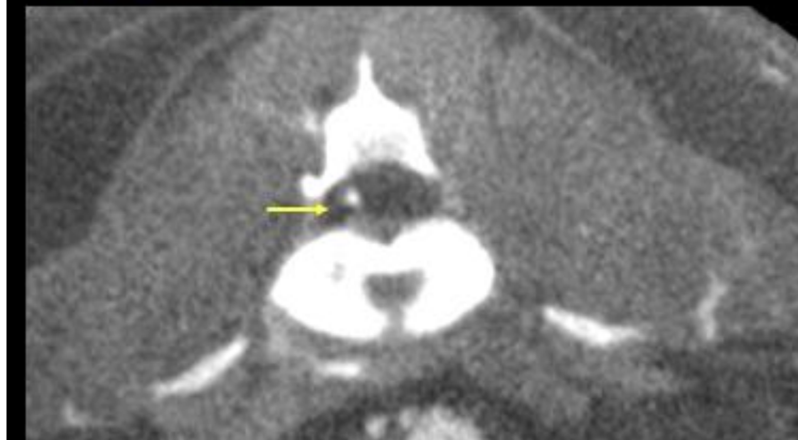
73866

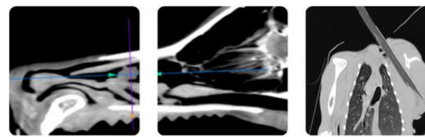
DATE

2-19-26









PATIENT

Frida Parache

SPECIES

Canine

BREED

Basset Hound

SEX

SF

AGE

13Y

WEIGHT

43.6lbs

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

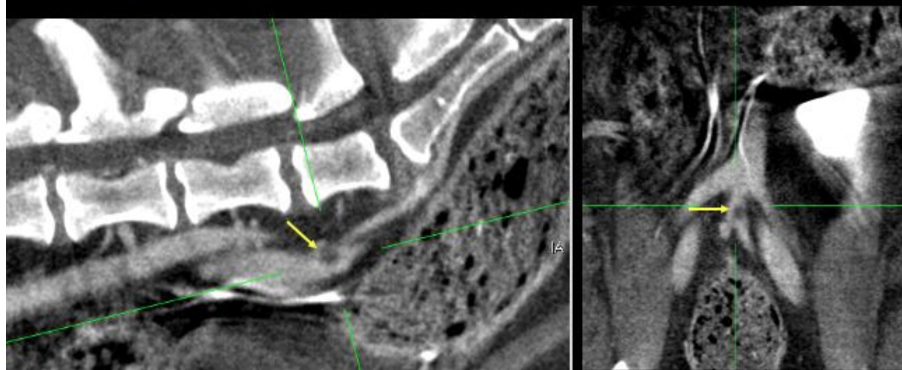
Dr. Colon, DVM

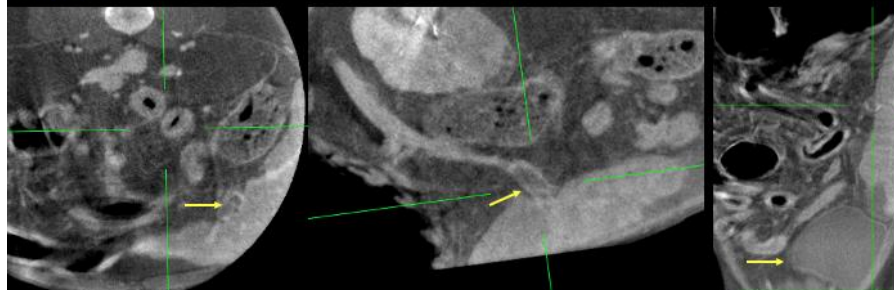
INVOICE

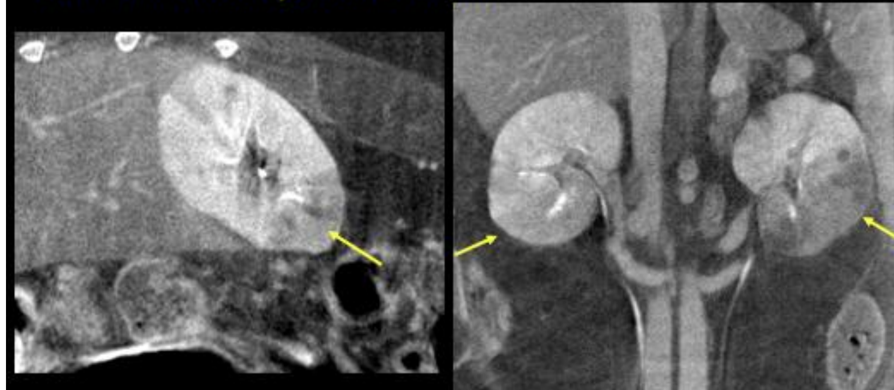
73866

DATE

2-19-26







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