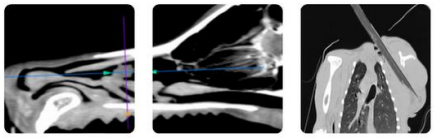


PATIENT

Bella Oliveros

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

2Y, 6M

WEIGHT

22.8lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Monika Salgado

HOSPITAL NAME

Westchester Animal Hospital

REFERRING VET

Randy Dominguez

INVOICE

74165

DATE

3-12-26

PRESENTING CLINICAL SIGNS

- Presented with very mild spine pain and no neurologic deficit. Previously diagnosed with a Likely IVDD

Abnormal PE/Chem/CBC/UA Results: Unremarkable

COMPUTED TOMOGRAPHIC STUDY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

A pre-contrast and post-contrast computed tomographic examination of the cervical, thoracic, and lumbar spine was provided for review. Two series were obtained, including one pre-contrast and myelogram. Images were reconstructed in the transverse plane using bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

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

Multiple thoracic hemivertebrae are present from T8 through T11, associated with both complete and incomplete bridging spondylosis deformans and abnormal adjacent intervertebral disc spaces. In this region, mild kyphosis and scoliosis are noted.

At L3–L4, there is blunting of the left peridural fat, associated with a small volume (~15%) of slightly hyperattenuating extradural material in the left ventral vertebral canal. This finding results in mild spinal cord compression and minor extension toward the corresponding neurovascular foramen.

At T11–T12, a small volume (~5%) of hyperattenuating extradural material is present in the right ventral aspect of the vertebral canal, without evidence of spinal cord compression.

At T13–L1 and L5–L6, tiny ventral extradural mineralized foci are present without evidence of spinal cord compression.

The C3–C4 intervertebral disc space appears slightly widened compared with adjacent disc spaces, with mild irregularity of the adjacent vertebral endplates.

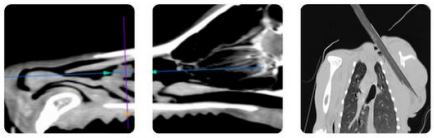
Multiple small in-situ mineralized foci are present within several intervertebral disc spaces throughout the spine, consistent with multifocal disc mineralization.

The paraspinal musculature is symmetric with normal volume and attenuation.

Myelographic Findings:

Following contrast administration at the L5–L6 level, contrast medium is visualized within the subarachnoid space, with evidence of contrast extravasation into adjacent soft tissues at the injection site. The contrast column demonstrates appropriate cranial progression to approximately the level of C2 (limit of scan collimation).

Several small foci of intrathecal gas are present within the subarachnoid space, producing filling defects within the contrast column, consistent with iatrogenic air introduction during myelography.



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The dorsal contrast column appears relatively homogeneous with mild focal narrowing in the region of the thoracic vertebral malformations.

Subtle dorsal elevations and minimal ventral interruptions of the ventral contrast column are noted over the T8–T11 intervertebral disc spaces, corresponding to the region of the thoracic hemivertebrae and associated vertebral deformity.

At L3–L4, there is focal narrowing of the contrast column with deviation of the ventral contrast line from left to right, confirming the presence of ventrolateral extradural material previously described, resulting in mild spinal cord compression and mild involvement of the corresponding neurovascular foramen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple thoracic hemivertebrae (T8–T11) associated with mild kyphoscoliosis and degenerative regional vertebral deformity.
- Small volume (~15%) left ventrolateral extradural material at L3–L4 causing mild spinal cord compression and minor foraminal extension, most consistent with intervertebral disc herniation.
- Discrete volume extradural material at T11–T12 without spinal cord compression.
- Ventral extradural mineralized foci - disc material at T13–L1 and L5–L6 without spinal cord compression.
- Multifocal intervertebral disc mineralization, compatible with chondroid disc degeneration.
- Mild widening of the C3–C4 intervertebral disc space with mild vertebral endplate irregularity. Differential diagnoses include early-stage discospondylitis; less likely, a normal anatomical variation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic and myelographic findings demonstrate multifocal small to discrete volume disc herniations, variable attenuation, with the most clinically relevant lesion located at L3–L4, where a small volume of ventrolateral extradural material results in mild spinal cord compression and minor foraminal extension. This finding is most consistent with a mild intervertebral disc herniation.

Additional small (tiny) extradural mineralized disc foci are present at T11–T12, T13–L1, and L5–L6, although these do not currently result in significant spinal cord compression.

The thoracic hemivertebrae (T8–T11) produce mild kyphoscoliosis, degenerative changes and focal deformation of the vertebral canal, with subtle alterations of the contrast column; however, no significant spinal cord compression is identified at this level.

Overall, the degree of spinal cord compression is mild, which is consistent with the patient's minimal clinical signs and absence of neurologic deficits.

Conservative management may be appropriate if clinical signs remain mild. If clinical deterioration occurs or neurological deficits develop, MRI is recommended before pursuing more invasive therapeutic options.

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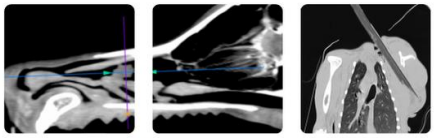

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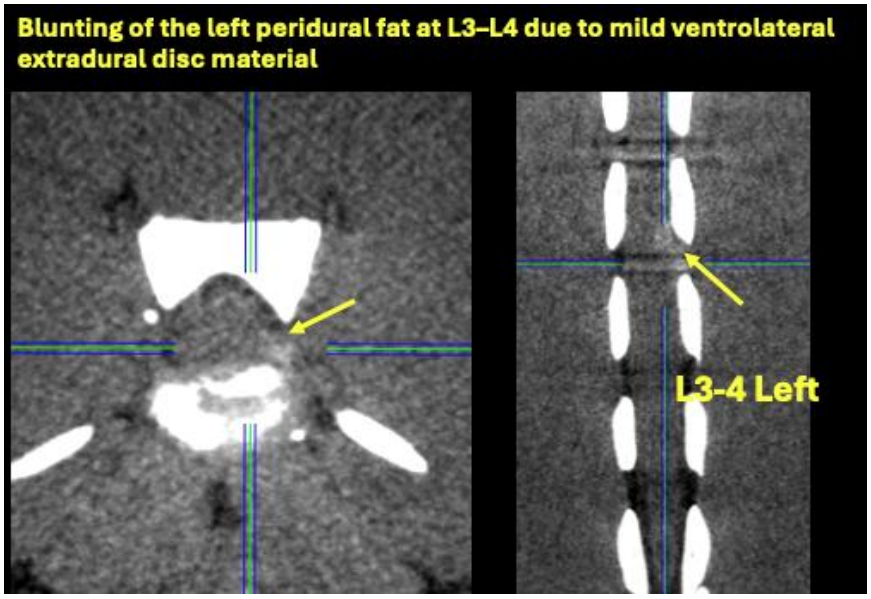

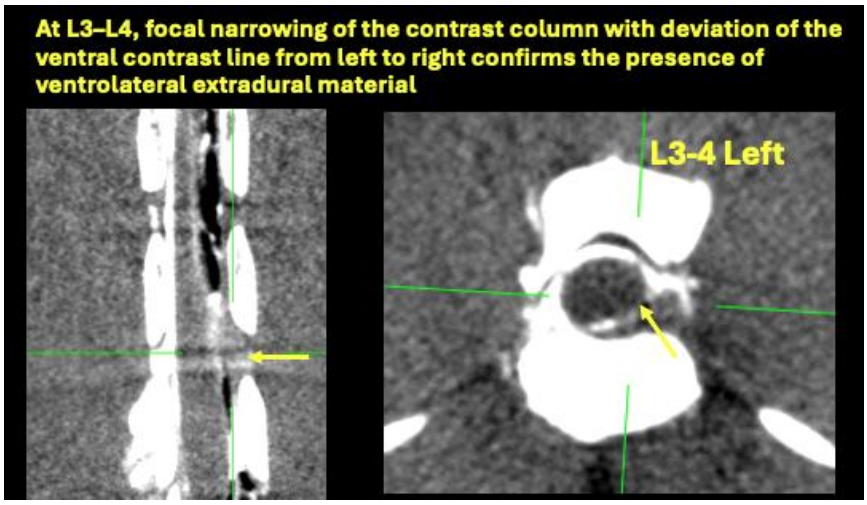

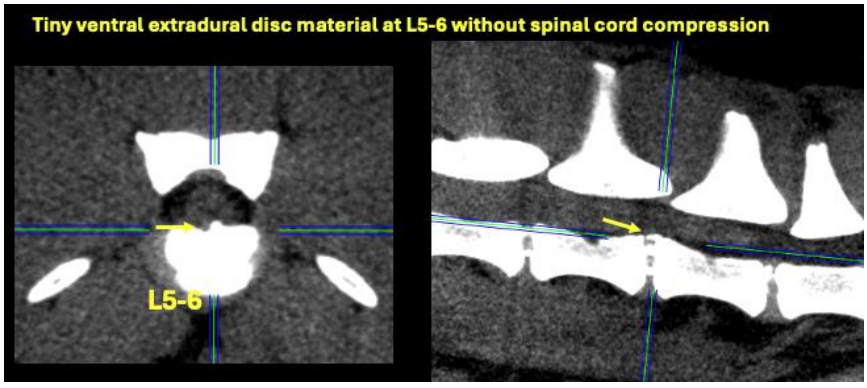

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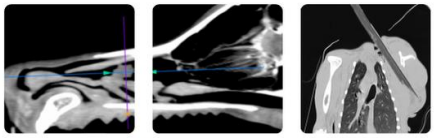

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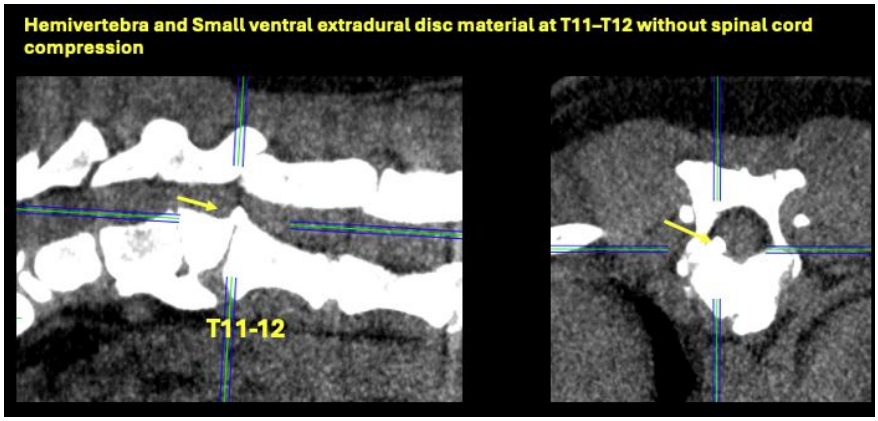

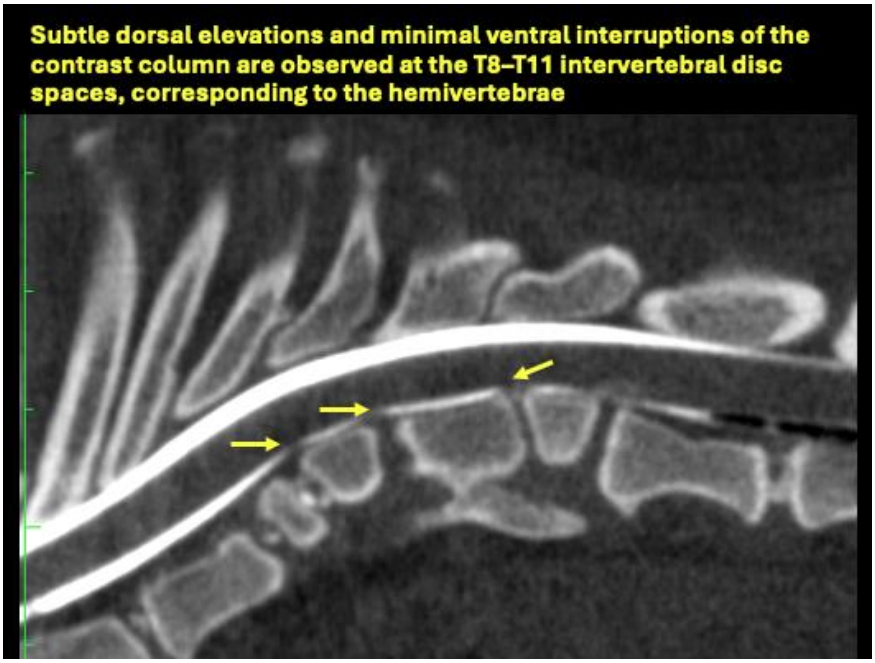

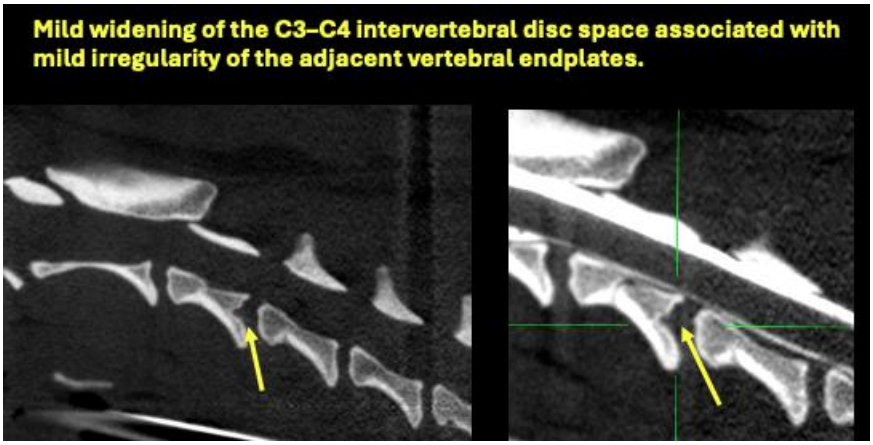

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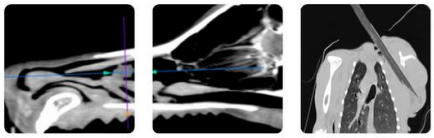

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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