



PATIENT

Jeep Galvez

SPECIES

Canine

BREED

French Bulldog

SEX

Male Neutered

AGE

4

WEIGHT

29

INTERPRETED BY

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

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs Animal
Hospital

REFERRING VET

Andres Perez

INVOICE

74281

DATE

3-19-26

PRESENTING CLINICAL SIGNS

- The patient is presenting with episodes of paresis, characterized by periods of rigidity and reluctance to move, particularly involving the cervical region. During these episodes, the patient holds the neck stiff and avoids head movement, showing clear signs of pain. The patient may remain immobile and unwilling to ambulate due to discomfort.
- The patient was initially managed with gabapentin, with limited improvement. After initiating treatment with prednisone, a noticeable clinical improvement has been observed, suggesting a positive response to corticosteroid therapy.

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A pre- and post- contrast CT study of the entire spine is provided for review totaling 2 series. One pre-contrast bone algorithm. One post-contrast series soft tissue algorithm.

COMPUTED TOMOGRAPHIC FINDINGS

CERVICAL, THORACIC & LUMBAR SPINE

The vertebral column demonstrates a normal vertebral formula (C1 –C7, T1–T13, L1–L7, sacrum).

At the level of C3–C4, there is a small volume of hyperattenuating mineralized material located along the ventral aspect of the vertebral canal, occupying approximately 30% of the canal diameter, resulting in mild spinal cord compression.

At the levels of T9–T10 and L3–L4, there are small volumes (approximately 5–10% of the vertebral canal diameter) of hyperattenuating material along the ventral vertebral canal, without evidence of spinal cord compression.

Multiple in situ intervertebral disc mineralizations are present, consistent with chondroid disc degeneration.

At L5–L6 and L7–S1, there is incomplete bridging spondylosis deformans, with associated endplate sclerosis and discrete microcyst formation. No evidence of enlargement of the medial iliac lymph nodes.

Additional mild, incomplete spondylosis deformans is noted in the thoracolumbar region.

The paraspinal musculature is symmetrical and within normal limits.

The S3 vertebra and caudal vertebrae exhibit a screw-shaped morphology, considered an incidental congenital finding.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- C3–C4 intervertebral disc herniation (mineralized – small volume ~30%) causing mild compressive myelopathy.
- Small (~5-10%), non-compressive (or minimal compressive) intervertebral disc herniations at T9–T10 and L3–L4.



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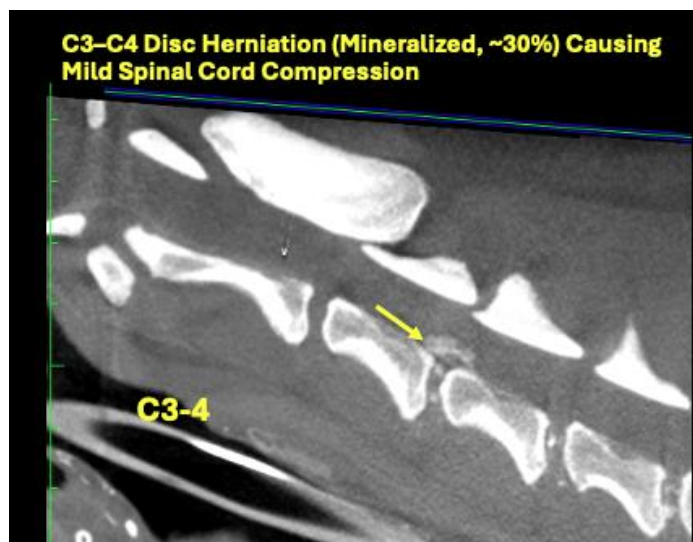
- Multifocal hemivertebrae.
- Multifocal intervertebral disc mineralization, consistent with chondroid degeneration.
- Multifocal spondylosis deformans, more pronounced at L5–L6 and L7–S1. Concurrent endplate sclerosis and discrete microcyst formation. Differential diagnoses include exacerbated degenerative changes or less likely incipient discospondylitis.
- Incidental screw-shaped morphology of S3 and caudal vertebrae (congenital variation).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most clinically relevant CT finding is the C3–C4 intervertebral disc herniation, resulting in mild spinal cord compression, which correlates with the reported cervical pain and episodic paresis.

The additional disc herniations (T9–T10 and L3–L4) are non-compressive (discrete compressive), low clinical relevance at this time.

Consider a neurological consultation. Continue conservative management if clinical improvement persists. A more invasive therapeutic approach may be required depending on the progression of neurological signs.





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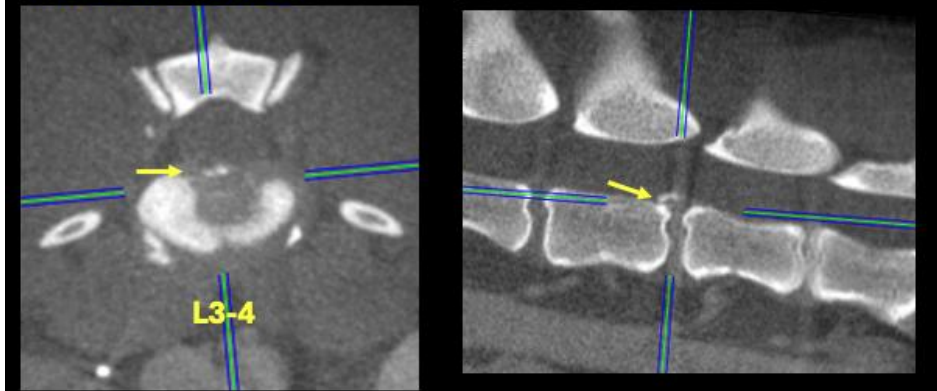
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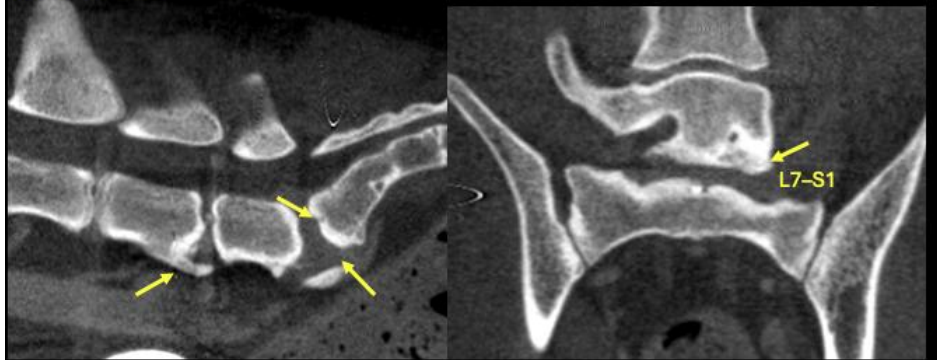
Small (~5-10%), non-compressive (or minimal compressive) intervertebral disc herniations at T9-T10



Small (~5-10%), non-compressive (or minimal compressive) intervertebral disc herniations at L3-4



Multifocal spondylitis deformans at L5-L6 and L7-S1, with concurrent endplate sclerosis and discrete microcyst formation.





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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