



PATIENT

Miss Muffin LI Bulldog
Rescue

SPECIES

Canine

BREED

French Bulldog

SEX

FI

AGE

4

WEIGHT

9

INTERPRETED BY

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

IMAGING PERFORMED BY

David

HOSPITAL NAME

Animal Surgical Center
- Oceanside

REFERRING VET

Short

INVOICE

74350

DATE

3-25-26

PRESENTING CLINICAL SIGNS

Ambulatory x 4 with support, generalized muscle atrophy

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC AND LUMBAR SPINE

Pre-contrast and CT myelographic study of the entire spine, including transverse images acquired using bone algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

The vertebral bodies (C1–C7, T1–T13, L1–L7) are normal in number.

Multiple hemivertebrae are identified at T4, T5, T6, T10, T12, and within the sacrum, consistent with congenital malformations. These are associated with mild regional kyphosis and lordosis. At the level of T5–T6, there is mild narrowing of the vertebral canal secondary to the hemivertebrae.

Multifocal complete and incomplete bridging spondylosis deformans is present, predominantly in regions adjacent to the hemivertebrae and at L7–S1.

A tiny amount of slightly hyperattenuating material is present along the ventral aspect of the vertebral canal at L1–L2 and L2–L3, without evidence of significant spinal cord compression.

In situ intervertebral disc mineralization is noted at T13–L1 and L3–L4.

No aggressive osseous lesions, lytic or proliferative changes, or acute traumatic abnormalities are identified.

Moderate epaxial and gluteal muscle atrophy is present, more pronounced on the left side.

Myelographic Findings

Following contrast administration at L6–L7, contrast medium is observed within the subarachnoid and epidural spaces, progressing cranially.

The dorsal contrast column appears homogeneous up to approximately T8, cranial to which contrast progression becomes less distinct.

The ventral contrast column is mildly irregular, with multifocal subtle irregularities and small filling defects, suggestive of mild, multifocal compressive changes.

Incidental Findings (partially included in the scan field)

The uterine body and horns are moderately enlarged (approximately 0.9–1.0 cm). The ovaries are mildly enlarged.



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Mild, diffuse enlargement of the mammary glands with prominent nipples.

Tympanic cavities are partially fluid filled.

An amorphous soft tissue structure is present within the cranial nasopharynx, which may represent accumulated fluid, a polypoid lesion, or a non-radiopaque foreign material.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple thoracic and sacral hemivertebrae associated with mild kyphosis, lordosis, and mild focal vertebral canal narrowing (most evident at T5–T6).
- A tiny amount of slightly hyperattenuating extradural material, discrete disc herniations at L1–L2 and L2–L3, without evidence of compressive myelopathy.
- Multifocal, especially ventral, mild myelographic irregularities showing minimal and variable peridural/spinal cord compressions, likely correlated to hemivertebra and degenerative changes, without evidence of marked spinal cord compression.
- Multifocal spondylosis deformans, most prominent near malformed vertebrae and at L7–S1.
- Intervertebral disc mineralization at T13–L1 and L3–L4, in-situ incidental chondroid degenerations.
- Moderate epaxial and gluteal muscle atrophy (left > right), no defined etiopathogeneses.

Other findings:

- Uterine and ovarian enlargement. Differential diagnoses include endometrial hyperplasia, mucometra, hematometra, or pyometra. Correlation with the patient's reproductive history is recommended.
- Mild mammary gland enlargement. Differential diagnoses include pseudocystitis.
- Partial fluid filling of the tympanic cavities.
- Cranial nasopharyngeal soft tissue/fluid accumulation. Differential diagnoses include mucus accumulation, a polypoid lesion, or non-radiopaque foreign material.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study demonstrates multiple congenital vertebral malformations (hemivertebrae), which are common in brachycephalic breeds and are associated with mild spinal curvature (kyphosis and lordosis). At T5–T6, there is mild narrowing of the vertebral canal, with concurrent subtle spinal cord compressions in regions adjacent to the hemivertebrae.

A small amount of extradural material, consistent with mild intervertebral disc herniation, is present at L1–L2 and L2–L3, without evidence of compressive myelopathy, and is considered of low clinical significance.

Myelographic findings suggest multifocal, discrete extradural compressive changes, likely related to vertebral malformations and degenerative processes.

Moderate muscle atrophy likely reflects chronic disuse and/or possible neurogenic changes. If the patient develops more severe neurological signs or progressive worsening of locomotion, MRI is recommended for further evaluation.



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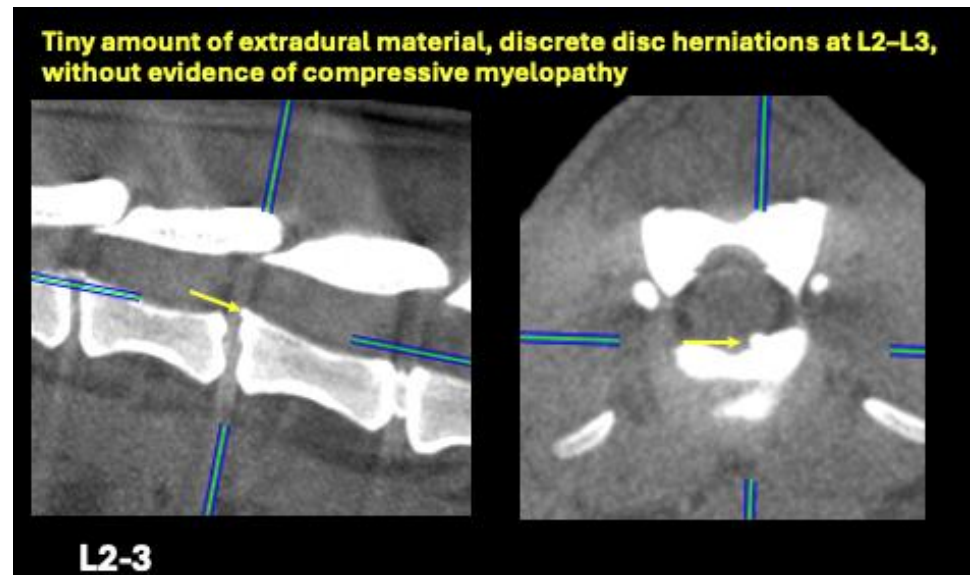
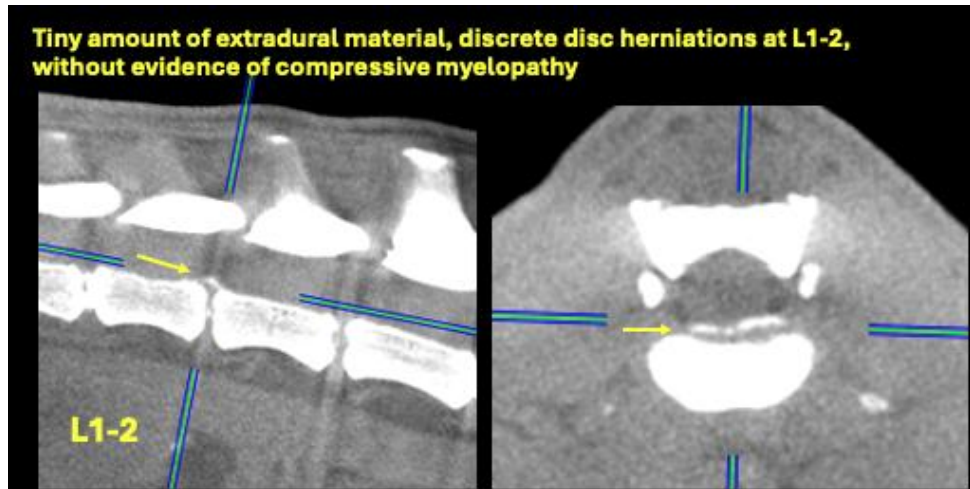
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Incidental findings involving the reproductive tract (uterine and ovarian enlargement) may be physiological or hormonally influenced, although underlying uterine disease cannot be excluded. Clinical correlation is recommended. Mammary gland enlargement may also be hormonally influenced. Consider further evaluation of the reproductive system (e.g., ultrasound, vaginal cytology) if clinically indicated.

Partial fluid filling of the tympanic cavities and the presence of nasopharyngeal material may represent incidental inflammatory or secretory changes; however, correlation with clinical signs (e.g., respiratory or otic) is recommended.





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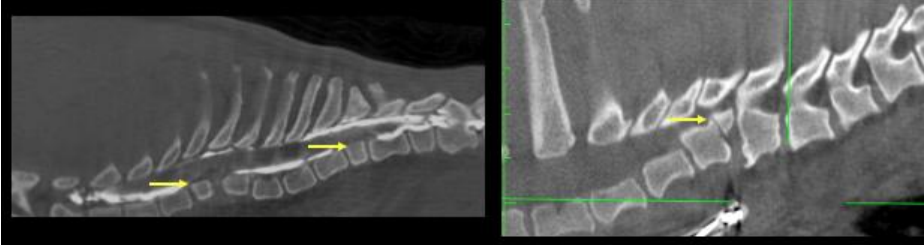
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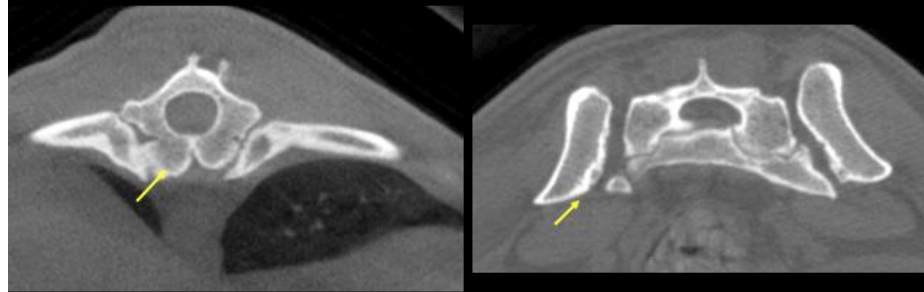
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Multifocal Mild Ventral Myelographic Irregularities with Minimal Extradural Spinal Cord Compression likely Associated with Hemivertebrae and Degenerative Changes



Hemivertebra and sacral mal-formation



Cranial nasopharyngeal soft tissue/fluid accumulation



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.

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