



PATIENT PRESENTING CLINICAL SIGNS

Myron Herrera
 Acutely down on hind limbs. No CP's present. Forelimbs functional. Patient dragging hind end. Acutely down, may need spinal decompression surgery.
 Abnormal PE/Chem/CBC/UA Results: Increased kidney and liver values.

SPECIES COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Canine
 A pre- and post-contrast CT study of the spine are provided for review. A cervical, thoracic, thoracolumbar, and lumbosacral spine is seen in 13 series. Transverse bone and soft tissue algorithms.

BREED COMPUTED TOMOGRAPHIC FINDINGS

Terrier Mix
 SPINE (C1-C7, T1- to mid of T12, L5-S1 and caudal vertebrae).

SEX
 MN
 At the level of T11-T12, within the ventral aspect of the vertebral canal primarily on the right side, there is a moderate amount of heterogeneous mixed attenuation material that dorsally displaces and compresses the spinal cord. The material extends cranially to the caudal third of T11. The peridural fat is partially obliterated. In addition, in situ mineralized disc is seen at T11-T12. The lesion is better identified on the edge of the series 7, 14 and 15.

AGE
 6 Years
 Mild dorsal protrusion of L7-S1 intervertebral disc, impinging on the spinal cord and roots.

Few multifocal mineralized, and incomplete bridging spondylosis deformans.

INTERPRETED BY
 In situ C6-C7, T3-T4, T4-T5 and T7-T8 disc or nuclear mineralization.

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet
 The urinary bladder is homogeneously soft tissue opaque and severely distended with the apex in the plane of L4.

The remainder collimated abdomen.

HOSPITAL NAME
 The pulmonary parenchyma, cardiac silhouette and pulmonary vessels are normal.

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 The mediastinum and pleural space are normal.

No aggressive or acute traumatic bone lesions are identified.

REFERRING VET COMPUTED TOMOGRAPHIC DIAGNOSIS

Dr. Ren Garcia

- T11-T12 ventral (primarily right side) extradural material (moderate volume) causing moderate spinal cord compression consistent with intervertebral disc herniation with cranial migration as described.

INVOICE

- Mild L7-S1 disc protrusion causing mild impingement on the spinal cord and roots, spondylosis deformans.

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- Multiple sites of in situ disc or nuclear mineralization.
- Neurogenic bladder distention.
- Otherwise, normal thorax and normal abdomen.

DATE

3-8-23



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SPECIES

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Tilde Rodrigues Froes,
DMV, MSc., Dr. Med
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HOSPITAL NAME

Green Dog Dental and
Wellness

REFERRING VET

Dr. Ren Garcia

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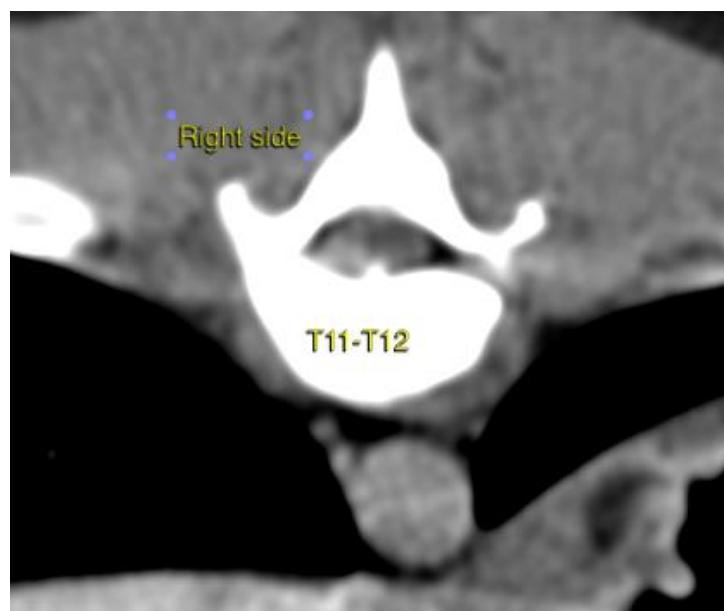
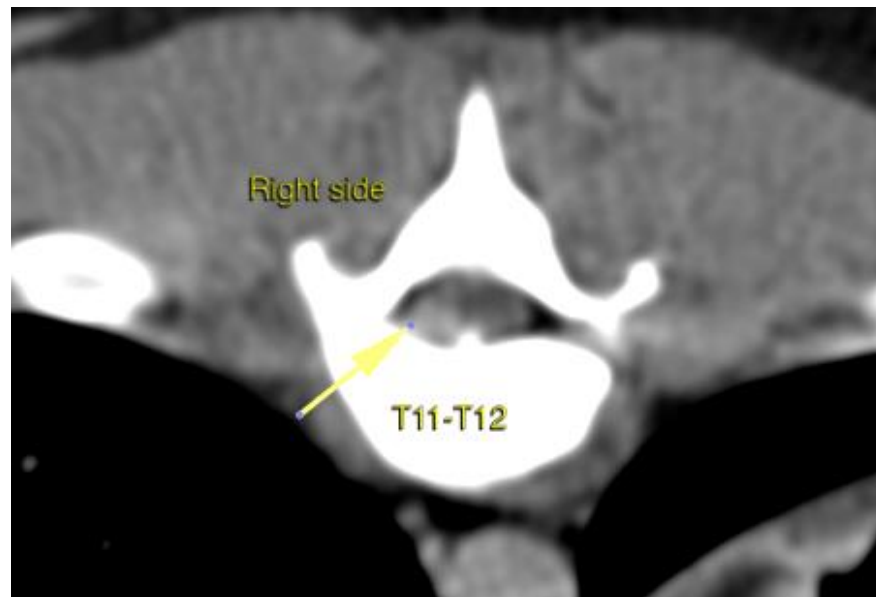
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Disc herniation at T11-T12 is the primary differential diagnosis, concurrent +/- hemorrhage with disc material. Surgical decompression is recommended. The identified lesion is only on the edge of the exam, series 7, 8 and 14, that could bring a difficult diagnosis.

Other caudal thoracolumbar lesions could not be visible because of the collimation. The spinal portion from T13 to L5 is not provided for review.





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HOSPITAL NAME

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REFERRING VET

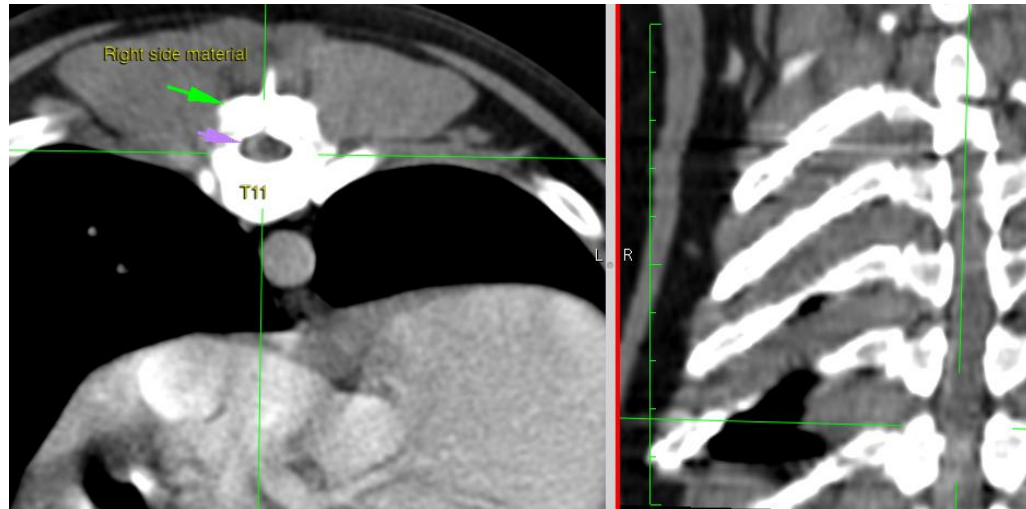
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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