



PATIENT PRESENTING CLINICAL SIGNS

Senior Wilcox Senior presents to MVCT for a spine CT. An axial study of the spine has been submitted in both soft tissue and bone algorithm. Senior has a history of acute onset pain & hind limb weakness. Right hind leg- decreased cp. As well as sensitivity when moving/manipulating neck. Currently on Amantadine, Gabapentin & Prednisone.

SPECIES

Canine **COMPUTED TOMOGRAPHIC STUDY OF THE SPINE**

A pre- contrast CT study of the spine are provided for review. A cervical, thoracic, thoracolumbar and lumbosacral spine is seen in 2 series. Transverse bone and soft tissue algorithms.

BREED

French Bulldog **COMPUTED TOMOGRAPHIC FINDINGS**

SPINE (C1-C7, T1-T13, L1-S1 and caudal vertebrae).

SEX At the level of C2-C3, within the ventral aspect of the vertebral canal, there is a mild amount of heterogeneous hyperattenuating material that mildly dorsally displaces and compresses the spinal cord.
MN

AGE At the level of C3-C4, within the ventral aspect of the vertebral canal and more on the left side, there is a moderate amount of heterogeneous hyperattenuating material that dorsally displaces and compresses the spinal cord. The material extends caudally to the cranial third of C4.

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At the level of L3-L4, within the ventral aspect of the vertebral canal, there is a moderate amount of heterogeneous hyperattenuating material that moderately dorsally displaces and compresses the spinal cord.

INTERPRETED BY

Tilde Rodrigues Froes, DMV, MSc., Dr. Med Vet., Dipl. CBraRVet At the level of L4-L5 and L5-L6, within the ventral aspect of the vertebral canal, there is a mild amount of heterogeneous hyperattenuating material that mildly dorsally displaces and compresses the spinal cord.

Mild dorsal protrusion of L7-S1 intervertebral disc is noted impinging on the spinal cord and roots.

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In situ C4-C5, C5-C6, C6-C7, T2-T3 and L4-L5 disc or nuclear mineralization.

Mobile Veterinary CT

The T2, T4, T5, T6, T7, T9, T12, L1 and L6 vertebral bodies are variable wedge shaped with spondylosis deformans and narrowing of the intervertebral disc space as well as mild dorsal and ventral undulation to the spine canal.

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April Clark, DVM L1-L2 spondylosis deformans is seen.

No aggressive or acute traumatic bone lesions are identified.

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The urinary bladder is homogenously soft tissue opaque and moderately distended with the apex in the plane of L5.

The remainder of the collimated abdomen is normal.

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



PATIENT The mediastinum and pleural space are normal.

Senior Wilcox

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Multiple locations of variable volume of extradural material causing mild to moderate spinal cord compression consistent with intervertebral disc herniation.

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French Bulldog

Lesions with most to less volume in degree:

- C3-C4 central left side,
- L3-L4 central,
- C2-C3 central,
- L4-L5 and L5-L6 central.

SEX

MN

- Mild L7-S1 disc protrusion causing mild impinging on the spinal cord and roots, spondylosis deformans.
- Multiple congenital vertebral anomalies, hemivertebra, commonly seen in this breed. As consequence, scoliosis, kyphosis, and lordosis in the spine alignment are seen.
- L1-L2 spondylosis deformans.
- Multiple sites of in situ disc or nuclear mineralization

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Multiple sites of disc herniation are seen in the cervical and lumbar spine. Therefore, an association of the complete neurological exam and a specialist consult is suggested for better definition and planning approach. In addition, if surgical decompression is pursued, an MRI is suggested before to analyze the spinal cord better and locate possible correlated lesions and this will be used to define the location of the intervention more accurately. In addition, the patient has multiple sites of hemivertebra.

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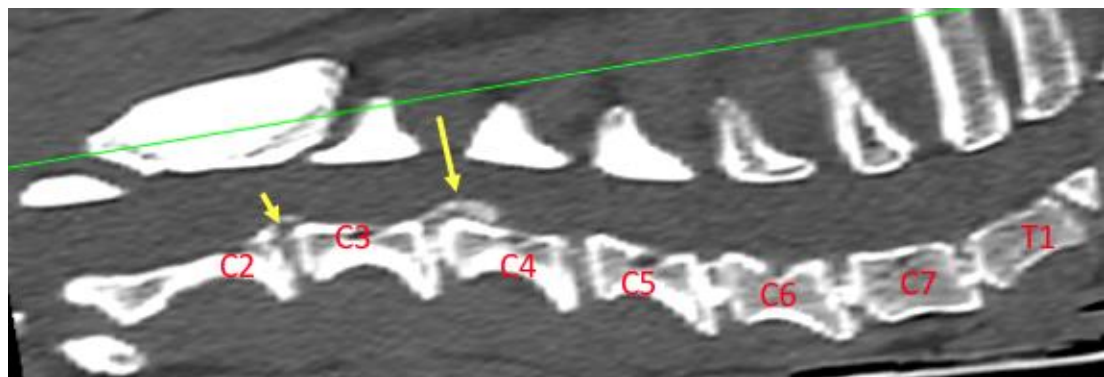
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DMV, MSc., Dr. Med
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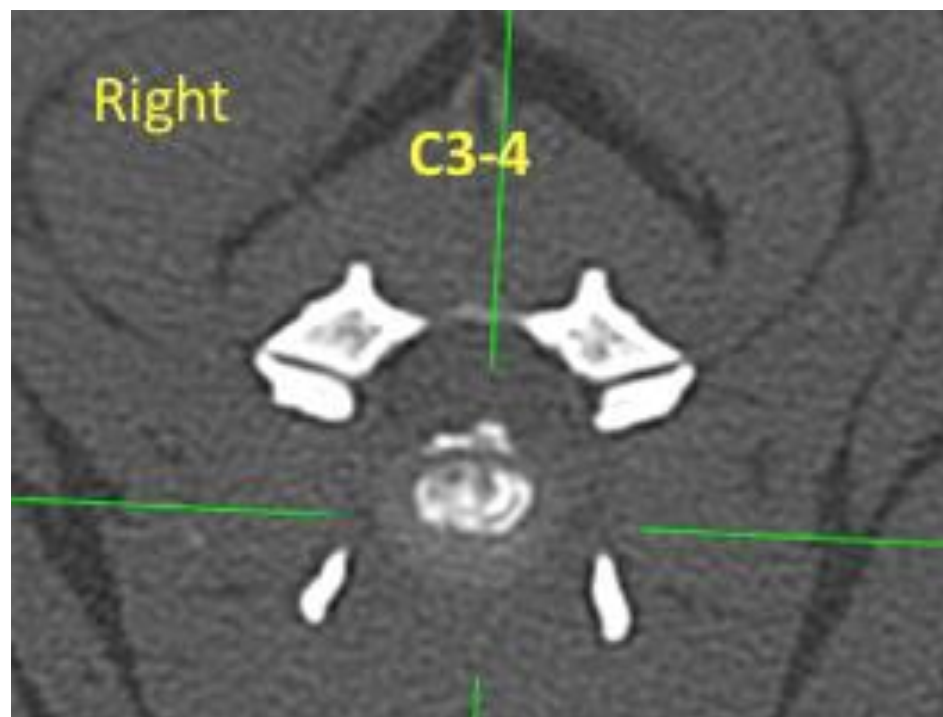
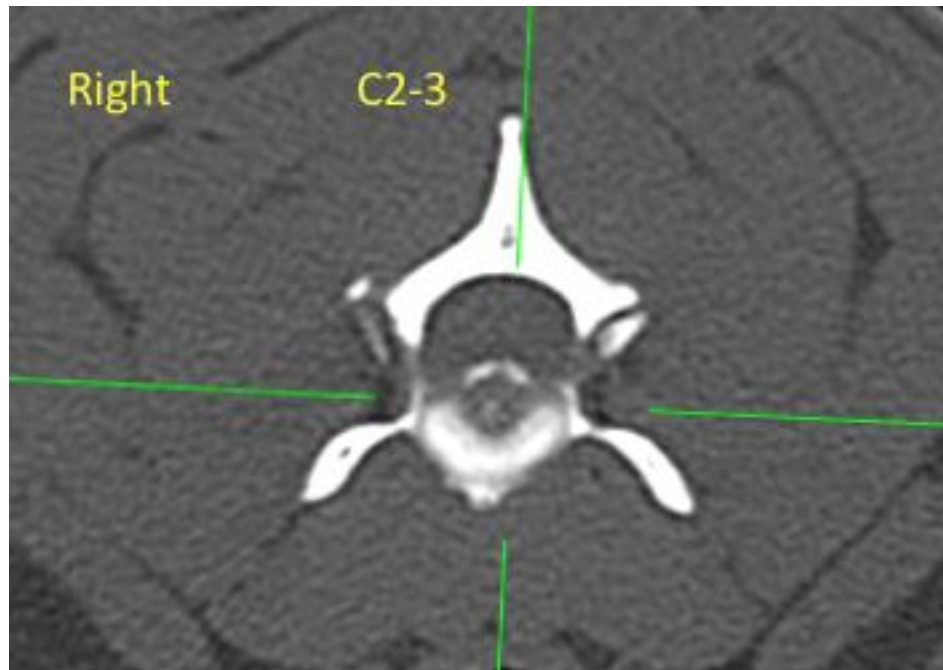
April Clark, DVM

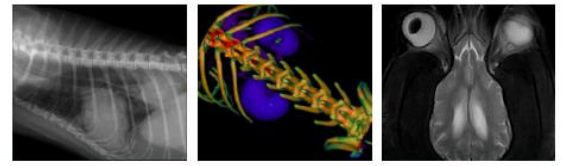
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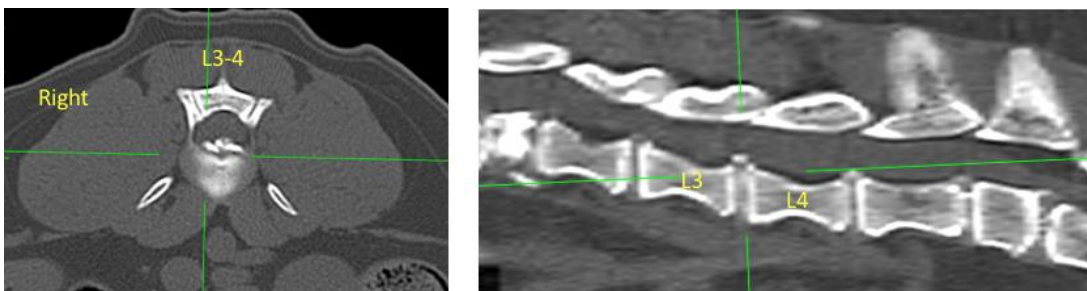


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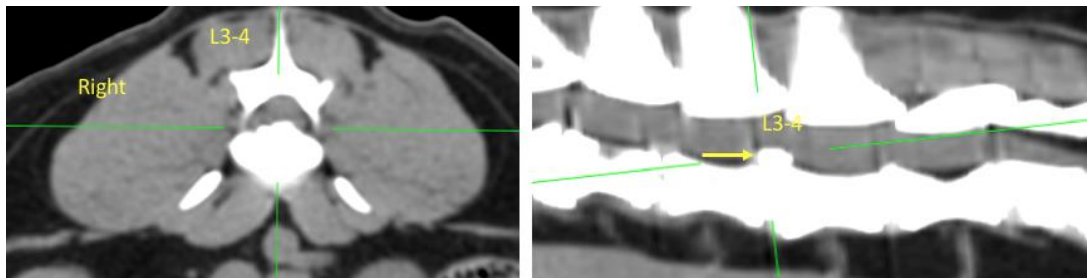
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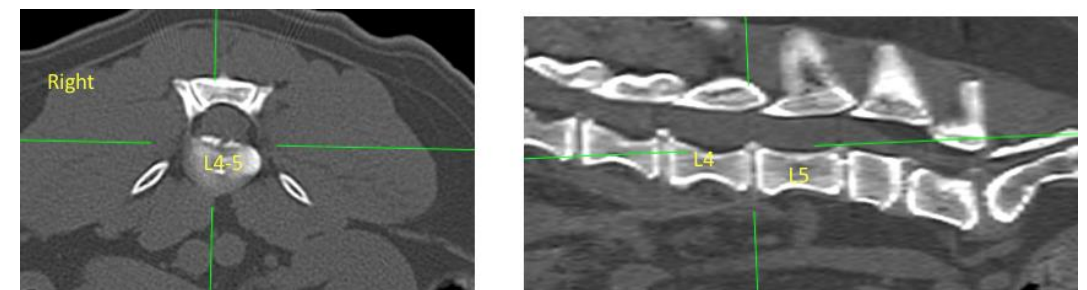


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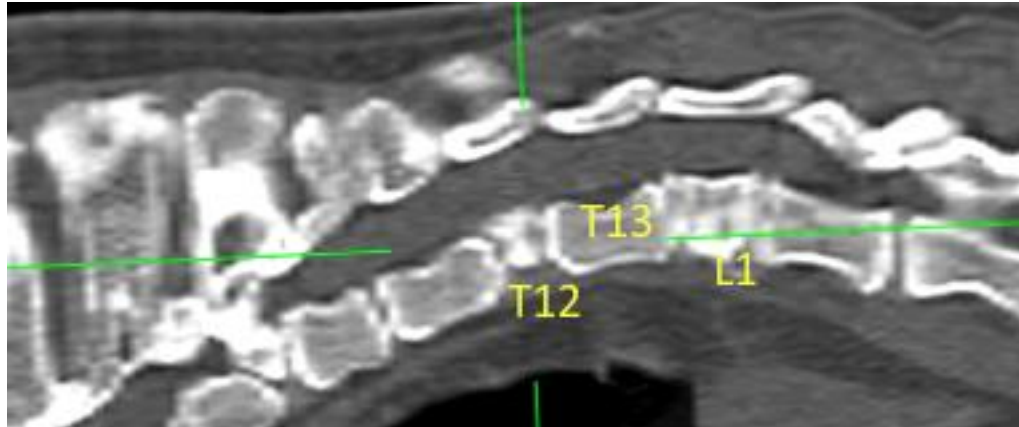
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

Tilde Rodrigues Froes, DMV, MSc., Dr. Med.Vet., Dipl.CBraRVet
info@sonopath.com

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