



PATIENT

Isis Rosado

SPECIES

Canine

BREED

Husky

SEX

F

AGE

12

WEIGHT

75

INTERPRETED BY

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

IMAGING PERFORMED BY

JD Veterinary Imaging
Center

HOSPITAL NAME

Juana Diaz Animal
Hospital

REFERRING VET

Dr Jose Rivera Torres

INVOICE

74631

DATE

4-16-26

PRESENTING CLINICAL SIGNS

presented with acute onset of rear paresis. Deep pain is presented.

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

A non-contrast computed tomographic study of the thoracic and lumbar spine are provided for review, totaling 6 series, including transverse images acquired using bone and soft tissue algorithms.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

An incidental anomalous rib is identified arising from the right side of C7.

Normal vertebral count (T1–T13, L1–L7, sacrum).

A small, well-defined hypoattenuating focus is present within the medullary cavity of L6, most consistent with incidental focal fatty marrow change.

Mild, multifocal, incomplete ventral bridging spondylosis deformans is observed at T4–T5, T5–T6, L6–L7, and L7–S1.

The remaining vertebral bodies are normal in size, shape, contour, and attenuation.

The intervertebral disc spaces and vertebral canal are within normal limits.

No evidence of aggressive vertebral osseous disease or traumatic changes.

No abnormalities are identified within the thoracic or epaxial lumbar musculature.

A degenerative change is noted at the level of sternebrae 4–5, without associated mass effect.

Two small, well-defined soft tissue attenuating micronodules are present in the right dorsal subcutaneous lumbar region.

Abdominal findings (partially included in the scan):

Both adrenal glands are enlarged and exhibit a rounded, mass-like appearance, more pronounced on the right side. The right adrenal gland measures approximately 3.1 × 2.7 cm and contains intraparenchymal mineral-attenuating foci. The left adrenal gland measures approximately 2.7 × 2.1 cm and is also enlarged.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild, multifocal spondylosis deformans (likely incidental/degenerative).
- Incidental anomalous right C7 rib.



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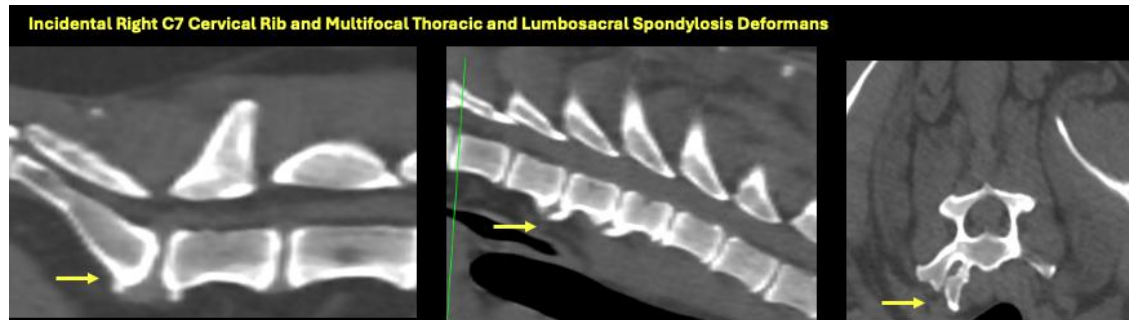
- No evidence of compressive spinal cord lesion or abnormal vertebral attenuation canal changes identified on CT.
- Mild sternbral degenerative changes.
- Right dorsal subcutaneous micronodules, most consistent with granulomas.
- Bilateral adrenal gland enlargement with mass-like appearance (right > left). Differential diagnoses include adrenal neoplasia (e.g., adenoma, adenocarcinoma, pheochromocytoma) versus bilateral hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of compressive spinal cord lesion or abnormal vertebral canal attenuation changes identified on CT to explain the acute paraparesis. However, CT has limited sensitivity for non-mineralized disc disease and specific spinal cord disease. Given the acute onset of neurological deficits, differentials include non-mineralized intervertebral disc extrusion, acute non-compressive nucleus pulposus extrusion (ANNPE), fibrocartilaginous embolism (FCE), or other intramedullary spinal cord pathology cannot be excluded based on CT findings alone.

MRI of the thoracolumbar spine is recommended for further evaluation of the spinal cord, especially if the neurological signs worsen. Cerebrospinal fluid (CSF) analysis may also be considered, if clinically indicated.

The bilateral adrenal enlargement, particularly the right-sided mass with mineralization, represents an important incidental finding. Abdominal ultrasound is recommended for further adrenal characterization and, if attainable and clinically indicated, ultrasound-guided fine-needle aspiration (FNA). Endocrine testing (e.g., adrenal function tests) is also recommended to assess for functional tumors.





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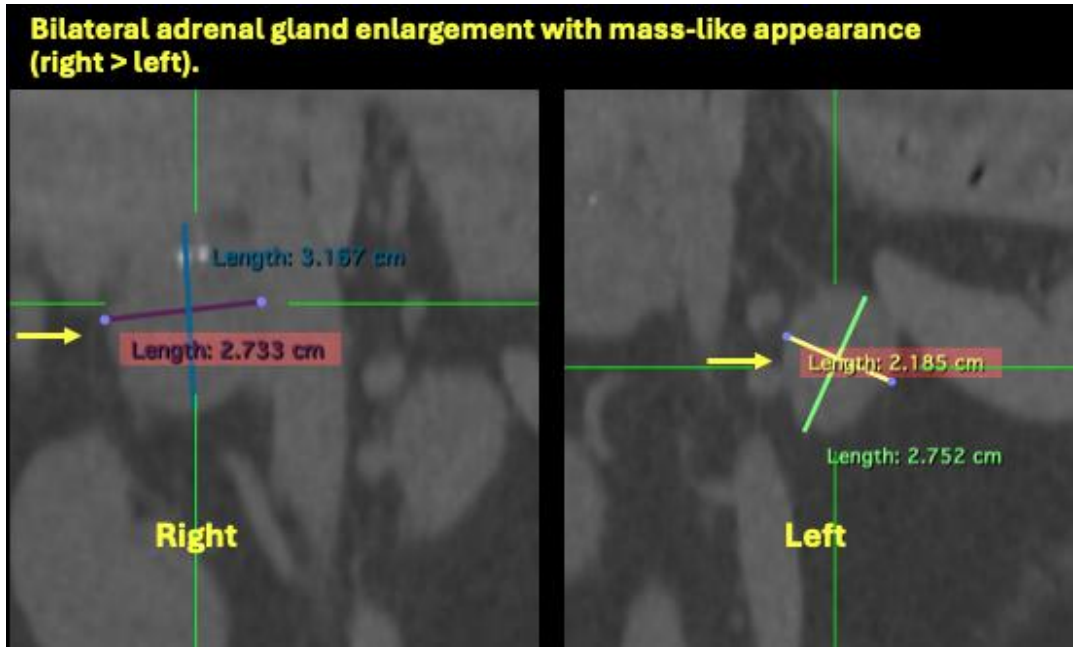
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com