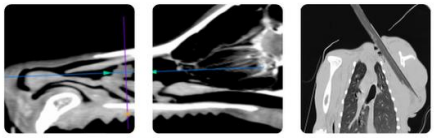



**PATIENT**

Baxter Defalco

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

MN

**AGE**

9

**WEIGHT**

9.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

David

**HOSPITAL NAME**

Animal Surgical Center - Oceanside

**REFERRING VET**

Infernuso

**INVOICE**

74449

**DATE**

4-2-26

## PRESENTING CLINICAL SIGNS

- cervical pain
- CP delayed HL
- Segmental reflexes increased

## COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A post-contrast and CT myelogram study of the entire spine was provided for review, totaling 4 series, including transverse images in both bone algorithm. One non-contrast series and three after myelogram injections, bone algorithm.

## COMPUTED TOMOGRAPHIC FINDINGS

### SPINE

The vertebral bodies (C1–C7, T1–T13, L1–L7, and sacrum) are normal in number, size, shape, and attenuation. Vertebral alignment is within normal anatomical limits.

At C3–C4, there is a moderate volume of mixed hyperattenuating extradural material located in the right ventrolateral aspect of the vertebral canal, occupying approximately 40% of the canal diameter. This material extends into the corresponding neurovascular foramen, resulting in moderate spinal cord compression and probable right-sided nerve root impingement.

At L6–L7, there is a mild intervertebral disc bulge.

Multiple intervertebral discs show mineralization in situ throughout the spine.

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

The paraspinal soft tissues are symmetrical and within normal limits.

Bilateral coxofemoral subluxation with periarticular ossifications, more pronounced on the right side

Myelographic Findings:

Following contrast administration at L6–L7, contrast medium is observed within the subarachnoid and epidural spaces, with appropriate cranial progression to approximately T7 in both ventral and dorsal columns. At L6–L7 (retrograde injection), mild multifocal irregularities of the contrast columns, especially ventrally, are noted and are considered most consistent with artifact.

Following cisterna magna injection, contrast adequately fills the subarachnoid space. At C2–C3, there is mild thinning and a subtle ventral filling defect, with a preserved dorsal column. At C3–C4, there is a marked ventral filling defect with dorsolateral displacement of the spinal cord and a “golf tee” appearance at the cranial margin of the ventral contrast column. The dorsal contrast column is thinned at this level, confirming focal spinal cord compression. The dorsal column remains attenuated caudally to approximately C5.

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## COMPUTED TOMOGRAPHIC DIAGNOSIS

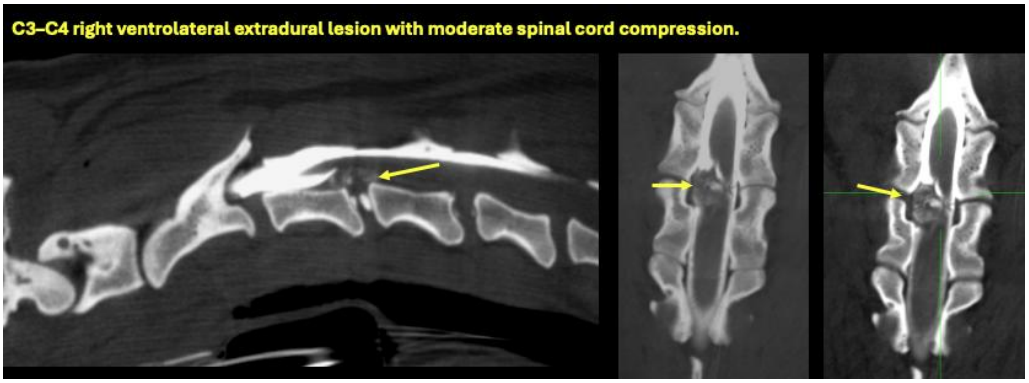
- C3–C4 right ventrolateral extradural compressive lesion causing moderate spinal cord compression and probable right-sided nerve root impingement. The primary differential diagnosis is intervertebral disc extrusion (Hansen type I).
- Mild L6–L7 intervertebral disc bulging.
- Multifocal intervertebral disc mineralization, consistent with chondroid degeneration.
- Bilateral coxofemoral subluxation with periarticular ossifications, more pronounced on the right side, consistent with chronic coxofemoral degenerative joint disease/osteoarthrosis.

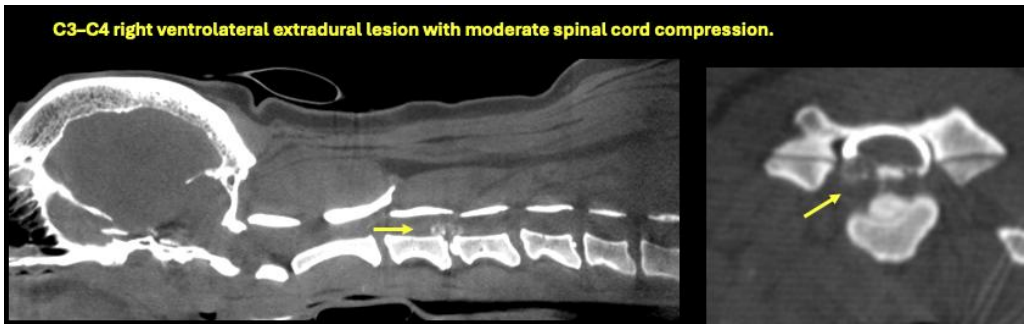
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are consistent with a clinically significant compressive myelopathy at C3 – C4, most likely secondary to intervertebral disc herniation, and correlate with the reported cervical pain and neurological deficits.

Clinical and neurological correlation is recommended. If neurological deficits progress or if there is poor response to conservative management, neurology/neurosurgical consultation and decompressive surgery should be considered.

Additional bilateral coxofemoral subluxation and periarticular osteoarthrosis, more pronounced on the right side.



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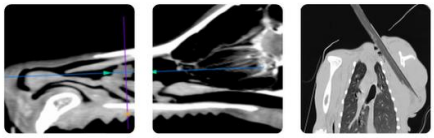

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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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