



## PATIENT

Ainoha Perez

## SPECIES

Canine

## BREED

French Bulldog

## SEX

SF

## AGE

4Y

## WEIGHT

31.0lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

José L. Alvarado Bruno,  
CVT - CT Scan Technician

## HOSPITAL NAME

Veterinary Image  
Center

## REFERRING VET

Dr. J. Colon, DVM

## INVOICE

74510

## DATE

4-7-26

## PRESENTING CLINICAL SIGNS

- History: Patient presented with an acute history of lameness that progressed to paraplegia within 24 hours. CP deficits bilaterally on hind limbs. Unable to urinate or defecate. Concerned for thoracolumbar IVDD. Prescribed steroids, buprenorphine and laser therapy. Recommended referral for spinal CT and surgery if she is a candidate.
- Surgery Evaluation: down in the rear for 2 days. Currently on Prednisone. Superficial pain present in both HL. No motor.

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- unremarkable

## COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC, LUMBAR & SACRAL SPINE

Pre- and post-contrast computed tomographic study of the thoracic, lumbar, and sacral spine are provided for review, totaling 2 series, including transverse images acquired using bone and soft tissue algorithms.

## COMPUTED TOMOGRAPHIC FINDINGS

### SPINE

There is a supranumerary thoracic vertebra, resulting in 14 thoracic vertebral bodies (T1–T14), 7 lumbar vertebral bodies (L1–L7), and sacrum. T14 bears two ribs, with the right rib appearing thicker than the contralateral side.

Multiple congenital vertebral malformations (hemivertebrae) are identified at T7, T9, T10, T11, and S1. The S1 vertebra additionally demonstrates ventromedial aplasia, with associated screw-tail conformation.

Multifocal complete and incomplete bridging spondylosis deformans is present, predominantly adjacent to the malformed vertebrae, especially at T9–T10, T13–T14, and L7–S1.

At T10–T11, there is a tiny volume of hyperattenuating extradural material along the ventral right lateral aspect of the vertebral canal, without evidence of significant spinal cord compression.

At L7–S1, there is a mild to moderate amount of mixed-attenuation extradural material along the ventral aspect of the vertebral canal, associated with lateral spondylosis deformans and mild irregularity of the articular surfaces.

Multiple in situ intervertebral disc mineralizations are noted.

## COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple congenital vertebral malformations, including hemivertebrae at T7, T9, T10, T11, and S1, with ventromedial aplasia of S1 and associated screw-tail malformation. These findings are consistent with congenital vertebral anomalies commonly encountered in brachycephalic breeds.
- Supranumerary thoracic vertebra (T1–T14), incidental.
- Mild extradural intervertebral disc material at T10–T11, without significant spinal cord compression.



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- Mild to moderate extradural mixed-attenuation material at L7-S1, associated with degenerative osseous changes, including lateral spondylosis deformans and mild articular irregularity. This may result in mild cauda equina and/or nerve root impingement.
- Multifocal intervertebral disc mineralization, consistent with chondroid disc degeneration.
- Multifocal thoracolumbar and lumbosacral spondylosis deformans.

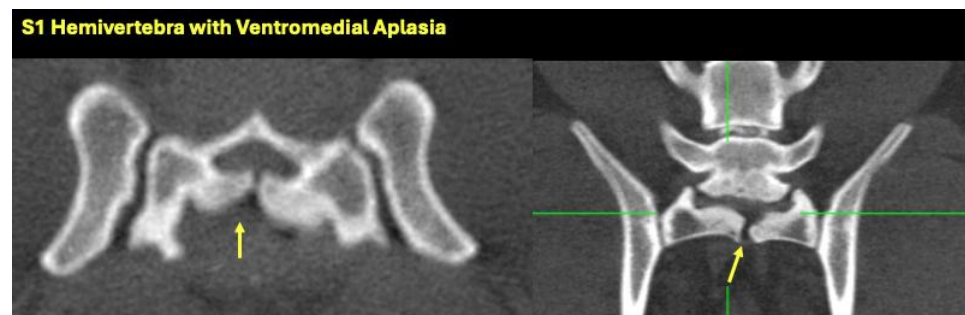
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study demonstrates multiple congenital vertebral malformations, including several thoracic hemivertebrae and a malformed sacral segment, which are common findings in brachycephalic breeds and may be incidental.

The most clinically relevant abnormality identified in this study is the presence of mild to moderate extradural disc-associated material at L7-S1, with associated degenerative osseous changes and possible mild nerve root and/or cauda equina impingement. However, this lesion alone does not sufficiently explain the severity of the reported neurological deficits, particularly the acute paraplegia, absence of motor function, and urinary/fecal dysfunction.

A non-mineralized or poorly mineralized acute intervertebral disc extrusion (Hansen type I), acute non-compressive nucleus pulposus extrusion (ANNPE), fibrocartilagenous embolic myelopathy (FCEM), or other intramedullary spinal cord pathology cannot be excluded based on CT findings alone.

MRI or myelogram is strongly recommended for further evaluation of the spinal cord and to better investigate for compressive and non-compressive myelopathy. Cerebrospinal fluid (CSF) analysis may also be considered, if clinically indicated.





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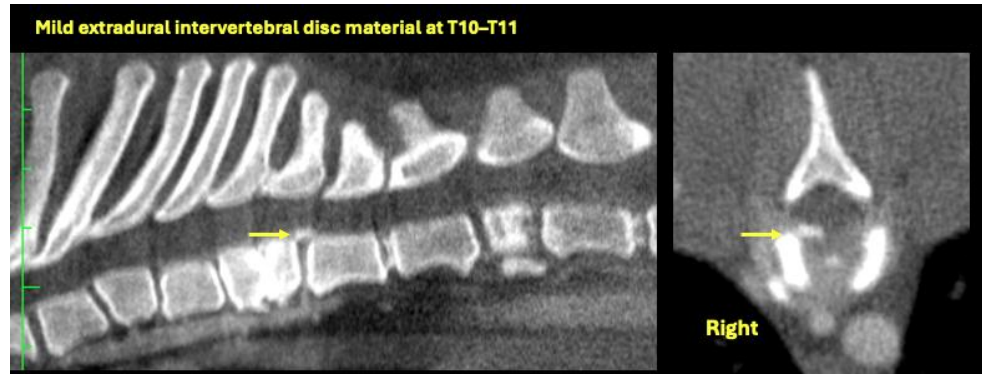
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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