



PATIENT

Hubble Pascullo

SPECIES

Canine

BREED

Cavapoo

SEX

MN

AGE

6

WEIGHT

8.8

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

74515

DATE

4-8-26

PRESENTING CLINICAL SIGNS

CP deficit right HL, moderate to severe muscle atrophy
dragging right HL, painful hip region
Mild joint effusion right stifle stable
Right lateral suture February 20 2026, patient has had CP deficits prior to the surgery
Patient never fully improved after surgery (acl tear). The dragging got worst
Concerned about sciatic neuropathy, mass etc
Plan CT of the spine and hip region / stifle region

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE & PELVIS

Two post-contrast CT series of the lumbar spine and pelvic limbs are provided for review. The study includes transverse bone algorithms, delayed phase.

COMPUTED TOMOGRAPHIC FINDINGS

LUMBAR & LUMBOSACRAL SPINE

The lumbar vertebral bodies, sacrum, and caudal vertebrae are normal in number, size, and alignment.

At the level of L6-L7, there is asymmetric enlargement of the right intervertebral foramen, associated with loss of the normal perineural/peridural fat definition and an elongated soft tissue attenuating structure occupying the foramen and extending cranially into the vertebral canal. This results in suspected regional extradural compression, most likely affecting the right exiting nerve root and possibly contributing to adjacent spinal canal compression.

The remaining intervertebral foramina are unremarkable. The vertebral canal attenuation is otherwise within normal limits at all other levels.

A mild enlargement of the right medial iliac lymph node is present.

Mild multifocal incomplete bridging spondylosis deformans is noted throughout the lumbar spine.

The sacrum and sacroiliac joints are unremarkable. The adjacent paraspinal soft tissues are symmetric

PELVIS & STIFLE JOINTS

There is marked diffuse muscle atrophy of the entire right pelvic limb musculature, extending from the gluteal region distally.

Diffuse osteopenia is present throughout the right pelvic limb, including the right femur. This is most pronounced in the distal metaphyseal and epiphyseal regions; the femoral condyles demonstrate a mildly mottled trabecular pattern, cortical thinning, and mild smooth periosteal osseous reactivity.

No significant joint effusion is identified in the right stifle joint. Mild extra-articular soft tissue thickening is noted adjacent to the patellar ligament. The patella is appropriately seated within the femoral trochlea.



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Bilateral hypoattenuating foci is identified within the proximal tibial tuberosity region.

The left stifle joint is otherwise unremarkable.

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The popliteal lymph nodes are within normal limits

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Asymmetric enlargement of the right L6–L7 intervertebral foramen with an elongated intraforaminal soft tissue attenuating structure, associated with effacement of perineural fat and suspected right-sided extradural nerve root and adjacent spinal cord compression. Differential diagnosis includes soft tissue tumor, peripheral nerve sheath tumor, other soft tissue neoplasm.
- Marked chronic neurogenic/disuse atrophy of the right pelvic limb musculature.
- Mild right medial iliac lymph node enlargement, most likely reactive. Neoplastic involvement cannot be entirely excluded.
- Mild multifocal lumbar spondylosis deformans, incidental.
- Diffuse right limb osteopenia, with more prominent and mottle bone appearance of the right distal femur. Differential diagnosis more severe disuse osteopenia changes, less likely metastatic disease at the distal femur.
- Mild postoperative periarticular soft tissue thickening of the right stifle, especially adjacent the patellar ligament, likely postoperative change, tendinopathy.
- Bilateral hypoattenuating foci are identified within the proximal tibial tuberosity region, consistent with retained cartilage cores, considered an incidental finding of no clinical significance.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings demonstrate a right-sided L6–L7 foraminal soft tissue lesion, associated with marked chronic muscle atrophy of the entire right pelvic limb and diffuse ipsilateral disuse/denervation osteopenia. Together, these findings support a chronic neuropathic process, most likely involving the right lumbosacral nerve root and/or sciatic nerve origin. The primary differential diagnosis is a peripheral nerve sheath tumor (PNST) involving the right L6 or L7 nerve root. Other soft tissue proliferative or infiltrative lesions are considered less likely. However, computed tomography alone is insufficient for definitive tissue characterization.

MRI of the lumbosacral spine and pelvis is recommended for further evaluation of the L6–L7 foraminal lesion, its relationship to the adjacent nerve roots and sciatic nerve, and the degree of vertebral canal and neural compression.



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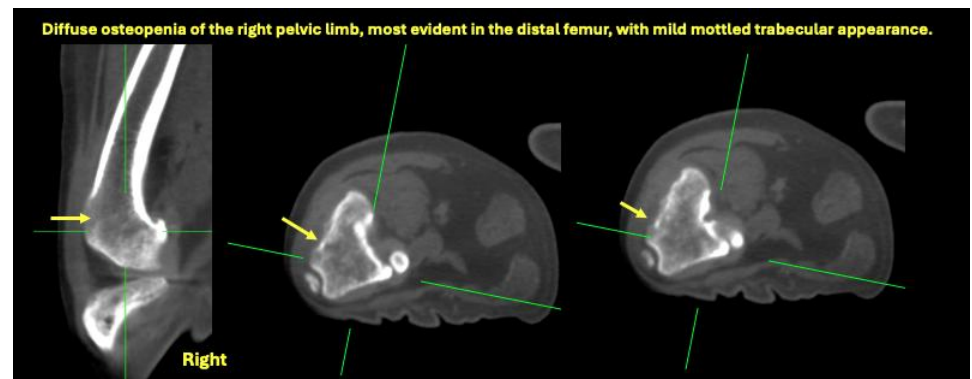
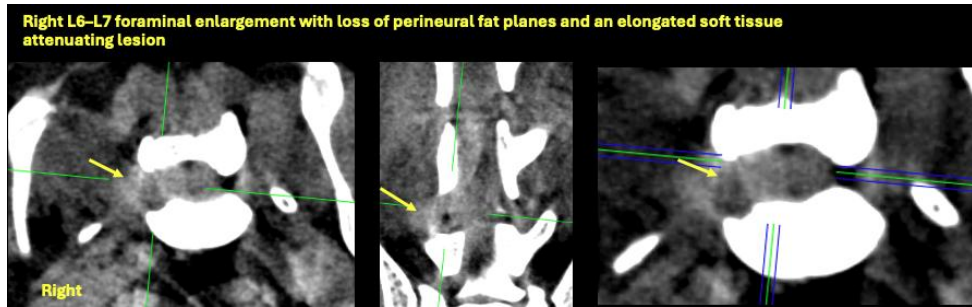
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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