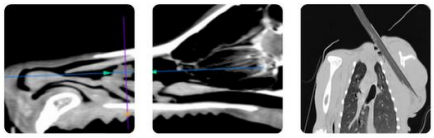

PATIENT

Atlas Johnson

SPECIES

Canine

BREED

Gret Pyrenees Mix

SEX

Neutered Male

AGE

4Y

WEIGHT

74lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Bill McGee, DVM, DABVP

HOSPITAL NAME

Bridgeport Animal Hospital PLLC

REFERRING VET

Bill McGee, DVM, DABVP

INVOICE

74916

DATE

5-6-26

PRESENTING CLINICAL SIGNS

mild pelvic limb stiffness and ataxia, stiff spine on palpation, history of histoplasma infection 2 years ago with a very low positive retest 8 months ago. Left eye enucleation secondary to the original histoplasma infection

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

A single non- contrast CT study of the thoracic and lumbar spine is provided for review. (Transverse, bone algorithm).

COMPUTED TOMOGRAPHIC FINDINGS

THORACIC & LUMBAR SPINE

The vertebral column alignment is within normal anatomical limits. The number of vertebrae is normal (T1–T13, L1–L7, and sacrum).

Multifocal lesions affecting the vertebral bodies and intervertebral disc spaces are identified at the levels of C6–C7, T8–T9, T13–L1, and L2–L3. These lesions are characterized by widening of the intervertebral disc spaces, irregularity of the adjacent vertebral endplates, and multifocal osteolytic changes associated with variable degrees of surrounding sclerosis.

Incomplete bridging spondylosis deformans is noted at T8–T9 and T13–L1. Complete bridging spondylosis deformans is present at L1–L2.

No abnormal attenuation or hyperattenuating material is identified within the vertebral canal.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multifocal discospondylitis involving the regions of C6–C7, T8–T9, T13–L1, and L2–L3, characterized by irregular vertebral endplates, widening of the intervertebral disc spaces, osteolytic lesions, and adjacent reactive sclerosis.
- Multifocal thoracolumbar spondylosis deformans.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The tomographic findings are most consistent with multifocal discospondylitis. Differential diagnoses include bacterial hematogenous discospondylitis and systemic fungal infection, particularly considering the patient's prior history of histoplasmosis.

Correlation with infectious disease testing is recommended, including Histoplasma urine antigen testing, fungal urine culture, blood culture to assess for possible concurrent bacterial infection, and urine culture. If blood and urine cultures are negative or if there is no clinical response to empirical therapy, CT-guided disc aspiration and culture are recommended for definitive etiologic diagnosis. MRI may also be considered for further assessment of spinal cord involvement and the extent of soft tissue or epidural inflammatory changes.

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No definitive evidence of vertebral canal compression is identified on this non-contrast CT study; however, CT has limited sensitivity for evaluation of the spinal cord, meninges, epidural space, and early inflammatory marrow changes compared to MRI.

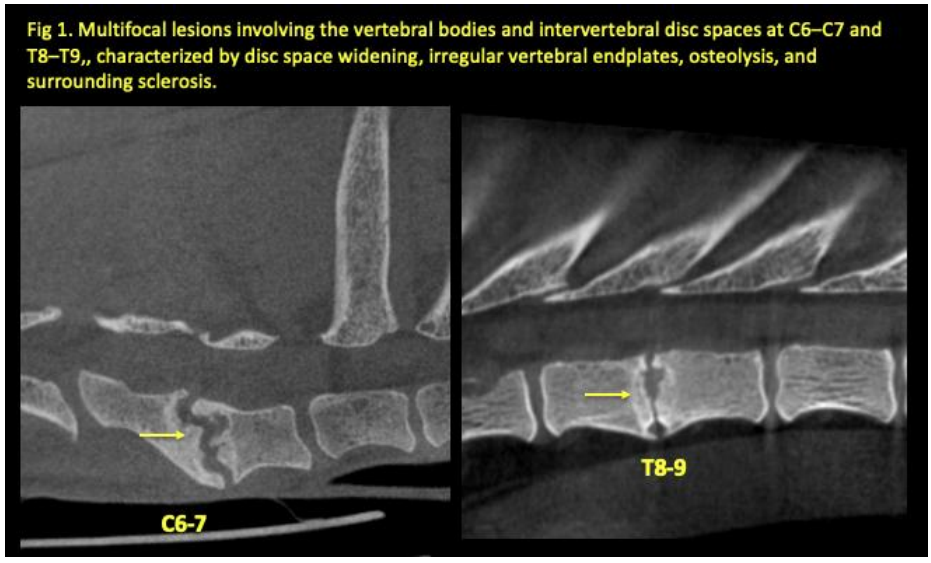

Fig 1. Multifocal lesions involving the vertebral bodies and intervertebral disc spaces at C6–C7 and T8–T9,, characterized by disc space widening, irregular vertebral endplates, osteolysis, and surrounding sclerosis.

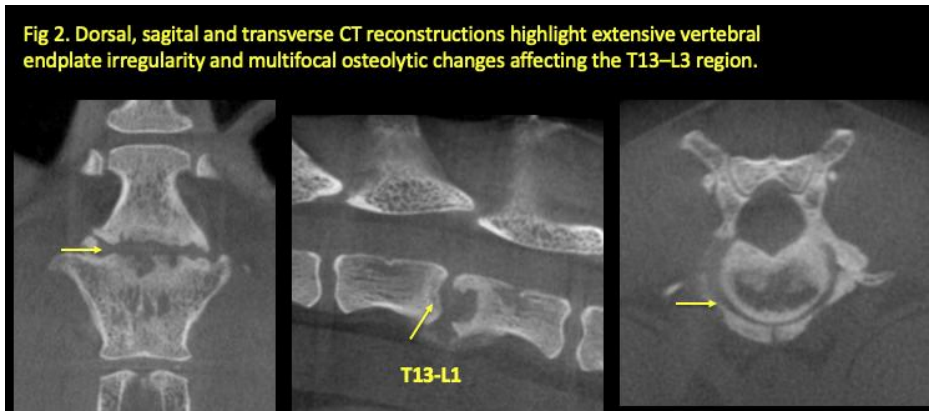

Fig 2. Dorsal, sagital and transverse CT reconstructions highlight extensive vertebral endplate irregularity and multifocal osteolytic changes affecting the T13–L3 region.

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