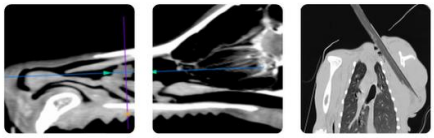

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PATIENT

Savy Deluca-Farrugia

SPECIES

Canine

BREED

French Bulldog

SEX

FS

AGE

2

WEIGHT

12

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

75527

DATE

6-16-26

PRESENTING CLINICAL SIGNS

History: T-L myelopathy (muscle spasm)
CP normal
Motor normal
Segmental reflexes normal

COMPUTED TOMOGRAPHIC STUDY OF THE SPINE

Pre-contrast CT and CT myelography of the thoracic and lumbar spine were provided for review, totaling 2 series.

COMPUTED TOMOGRAPHIC FINDINGS

SPINE

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

Thoracolumbar transitional vertebra characterized by thoracicization of L1 with bilateral hypoplastic supernumerary ribs.

Multiple hemivertebrae involving T5, T6, T7, T8, T9, T10, and T12.

Moderate thoracolumbar kyphoscoliosis with subjective mild narrowing of the vertebral canal throughout the malformed segment.

Small volume of heterogeneous, mixed hyperattenuating extradural material originates at the L3–L4 intervertebral disc space and extends cranially along the ventral aspect of the vertebral canal, predominantly left-sided, toward L3. The material causes mild ventral compression of the spinal cord. Extension into the left L3–L4 intervertebral foramen.

Type 4 lumbosacral transitional vertebra characterized by incomplete fusion of the S1 and S2 spinous processes with a ventral cleft at the S1–S2 interface.

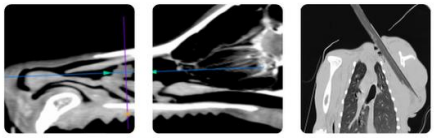
At L7–S1, bilateral vertebral endplate sclerosis with mild incomplete ventral and lateral spondylosis deformans. Concurrent right-sided periarticular osseous proliferation extending toward the L7–S1 intervertebral foramen, producing mild right foraminal stenosis.

Small mineralized focus (approximately 3.5 × 4.3 mm) within the right ventrolateral vertebral canal adjacent to the dorsal aspect of the L7 caudal endplate, compatible with either mineralized disc material or a small avulsed osseous fragment, resulting in impingement of the right L7 nerve root.

Multifocal complete and incomplete spondylosis deformans associated with these congenital malformations.

Multifocal mineralization of multiple intervertebral discs throughout the spine.

CT myelographic findings:



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Contrast administration performed at L4–L5. Contrast medium is present within the subarachnoid space, with epidural and paraspinal soft tissue extravasation related to the injection.

The dorsal subarachnoid contrast column is satisfactorily opacified, although partially obscured by small iatrogenic gas bubbles. The ventral contrast column is less well opacified due to preferential contrast leakage.

Possible, focal ventral and left-sided filling defect extending cranially from the L3–L4 disc space corresponds to the previously identified ventral extradural compressive material.

Cranial to this region, evaluation of the ventral subarachnoid space is limited because of incomplete contrast opacification.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Small left ventral extradural compressive lesion centered at L3–L4, extending cranially to L2–L3 and into the left L3–L4 intervertebral foramen, resulting in mild spinal cord compression and probable left L3 nerve root impingement. The imaging appearance is most consistent with a small intervertebral disc extrusion (Hansen type I), although a small amount of extradural hemorrhage may contribute to the lesion
- Multiple congenital vertebral malformations, including thoracicization of L1 with bilateral hypoplastic supernumerary ribs, multiple thoracic hemivertebrae (T5–T10 and T12), and associated moderate thoracolumbar kyphoscoliosis with subjective mild vertebral canal narrowing.
- Type 4 lumbosacral transitional vertebra.
- Mild degenerative lumbosacral disease at L7–S1, including bilateral endplate sclerosis, mild spondylosis deformans, and mild right foraminal stenosis secondary to periarticular osseous proliferation.
- Small mineralized focus within the right ventrolateral vertebral canal at L7–S1 (mineralized disc fragment favored over a small avulsion fragment), producing right L7 nerve root impingement.
- Multifocal intervertebral disc mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main CT imaging abnormality is the small volume left-sided L3–L4 extradural compressive lesion, which results in mild spinal cord compression and probable left L3-4 nerve root impingement. This lesion is the most likely explanation for the patient's reported thoracolumbar pain and muscle spasms.

Numerous congenital vertebral malformations, typical of the breed, are present and result in moderate thoracolumbar kyphoscoliosis. Although these anomalies produce mild subjective narrowing of the vertebral canal, there is no evidence of severe focal compressive myelopathy associated with the malformed vertebrae.

The lumbosacral abnormalities are chronic degenerative findings and include mild right L7 nerve root impingement. Correlation with the neurologic examination is recommended to determine their clinical significance.

The CT myelogram add information of possible focal extradural compressive lesion at L3–L4; however, interpretation of the cranial subarachnoid space is mildly limited by contrast extravasation and

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incomplete ventral contrast filling. MRI may be considered if further characterization of the spinal cord, extradural material, or intramedullary changes is clinically indicated.

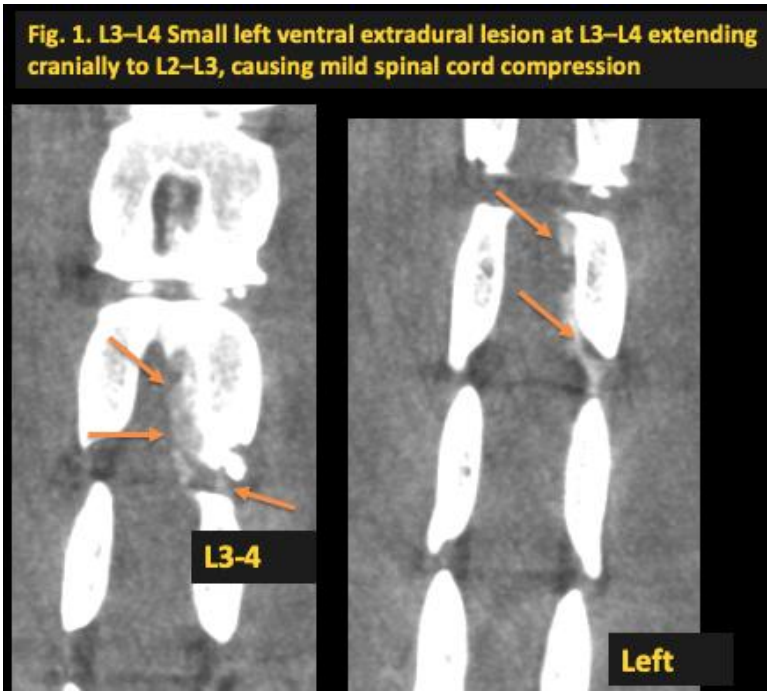

Fig. 1. L3–L4 Small left ventral extradural lesion at L3–L4 extending cranially to L2–L3, causing mild spinal cord compression

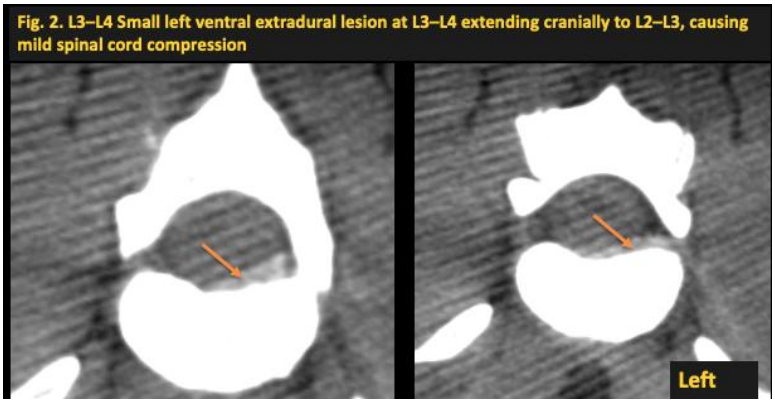

Fig. 2. L3–L4 Small left ventral extradural lesion at L3–L4 extending cranially to L2–L3, causing mild spinal cord compression

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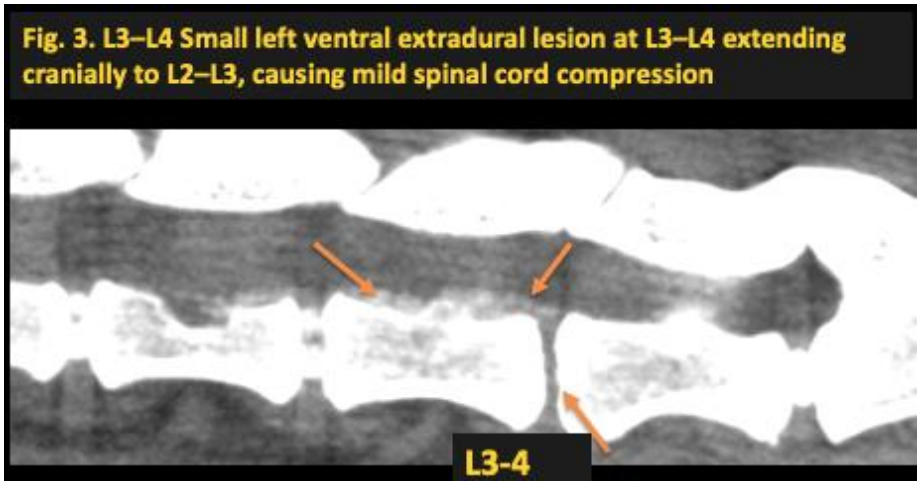

Fig. 3. L3–L4 Small left ventral extradural lesion at L3–L4 extending cranially to L2–L3, causing mild spinal cord compression

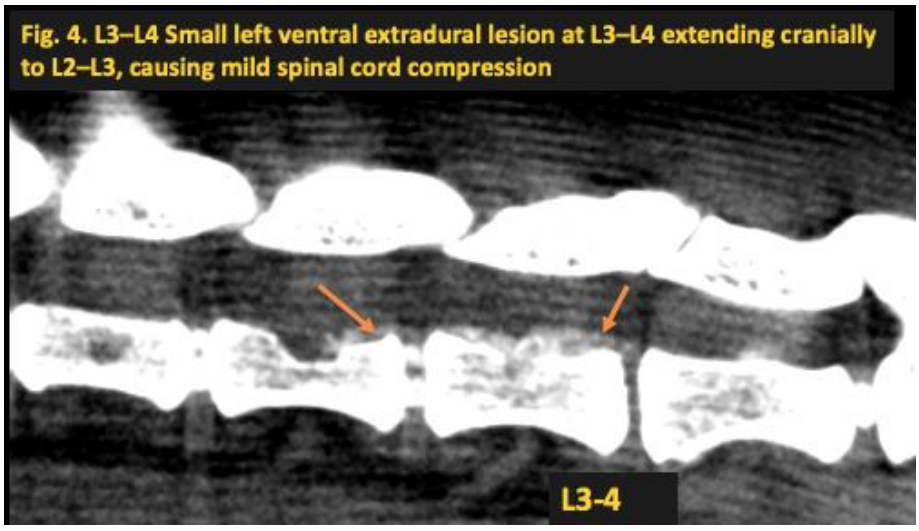

Fig. 4. L3–L4 Small left ventral extradural lesion at L3–L4 extending cranially to L2–L3, causing mild spinal cord compression

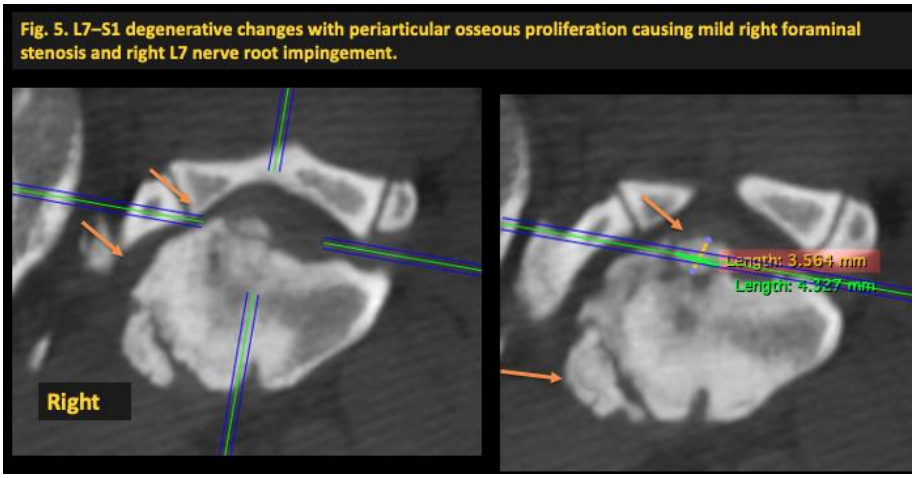

Fig. 5. L7–S1 degenerative changes with periarticular osseous proliferation causing mild right foraminal stenosis and right L7 nerve root impingement.

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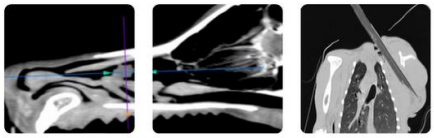

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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