



PATIENT

Bruno Sanchez

SPECIES

Canine

BREED

French Bulldog

SEX

Male Neutered

AGE

13

WEIGHT

14

INTERPRETED BY

Dr. Tais Guimarães,
MV

IMAGING PERFORMED BY

Armando Sobrado

HOSPITAL NAME

Miami Springs Animal
Hospital

REFERRING VET

Dra Cuesta

INVOICE

75150

DATE

5-26-26

PRESENTING CLINICAL SIGNS

Patient presented for follow-up evaluation after emergency visit in Puerto Rico approximately 2 weeks ago for acute onset horizontal nystagmus.

Patient currently under treatment with meclizine.

Unable to walk or stand

Head tilt noted to the right

Circling to the right observed

Paraplegia / non-ambulatory

Severe congenital short spine defect noted. Geriatric patient. Under medication, no improved

COMPUTED TOMOGRAPHIC STUDY OF THE HEAD, THORACIC, LUMBAR AND SACRAL SPINE

Survey and post I.V. contrast images provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

HEAD

The brain and pituitary gland are unremarkable with no evidence of intracranial mass, hemorrhage, or abnormal contrast enhancement.

Thin and smoothly folded conchae and turbinates with even smooth mucosal lining. The osseous lining of the nasal cavities is intact.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Tympanic cavities have diffuse wall thickening and are filled with fluid dense material. No expansion or wall lysis seen.

External ears have diffuse wall thickening with multiple small, mineralized foci within the horizontal canal, bilaterally, associated with mild luminal stenosis more evident on proximal aspect.

The mandibular and medial retropharyngeal lymph nodes are symmetric, small and elongated with a normal short-to-long-axis-ratio is < 0.5 ; the attenuation and contrast enhancement pattern is uniform.

The salivary glands present within normal limits.

Thyroid lobes are symmetric, with normal shape, attenuation, and size.

VERTEBRAL COLUMN

There is partially mineralized material on the ventral aspect of the vertebral canal, at the level of L7-S1, causing moderate to severe extra-dural cauda equina compression.

Multifocal intervertebral disc mineralization (nucleus pulposus degeneration) is noted.

Multiple hemivertebrae within the thoracic spine are causing spinal canal deviation without significant spinal cord compression (right sided scoliosis and kyphosis). No lysis or fracture seen.

Moderate lumbosacral spondylarthroses seen.

There is multifocal ventral spondylolysis.



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Moderate feces content in the descendent colon and rectum.

The hips are aligned. No osteoarthritis seen.

COMPUTED TOMOGRAPHIC DIAGNOSIS

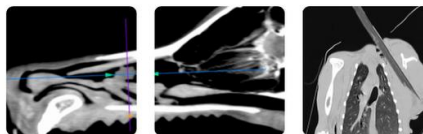
- Bilateral otitis media: no evidence of abscess or lysis seen. Cholesteatoma cannot be ruled out.
- Moderate extra-dural cauda equina compression at L7-S1: disc protrusion, incidental most likely.
- Multifocal vertebral congenital malformations, incidental most likely.
- Mild lumbosacral spondylarthrosis.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

Bilateral otitis media is the most likely diagnosis. No intracranial expansion seen. Middle ear cholesteatomas cannot be ruled out. Video-otoscopy and surgical consultation may be required for histopathology and treatment.

The disc protrusion on L7-S1 is likely incidental, considering history of paraplegia. Neurological evaluation is advised. CSF tap can also be recommended.





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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.

Dr. Tais Guimarães, MV
info@sonopath.com