Report Requested By

REDACTED FOR PRIVACY



Report Provided By

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PEREGRINE-2020-004820
Patient: REDACTED

Canine | Staffordshire Bull Terrier | 12 years | Male | 65 lbs | 178817

Closed: 2020-01-31 22:07 Date Opened: 2020-01-31 21:48

Submitted: 2020-01-31 18:53

Admin Details

Services

Diagnostic Imaging - CT (single site)

Clinical Findings

History & Clinical Signs

Patient presented with paralysis yesterday. Patient was in a dog fight several days prior. Deep pain is present. CP deficits in hind limbs. Normal to hyperreflexive patella reflexes. Panniculus cut off around T12-T13. Pain palpated on spinal palpation around T-13-L1. CBC, Chemistry, UA, HW test WNL. Fecal examination revealed hookworms.

Current Medications

None Currently

Drugs or Sedation Used Propofol/Sevoflurane

How are Images Submitted? DICOM

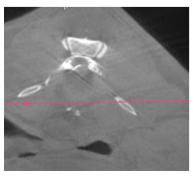
Date Of Most Recent Images 2020-01-31

CT Report

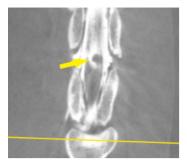
Findings

A CT myelogram of the caudal thoracic and lumbar spine is available for interpretation. Contrast extends into the subarachnoid space to the level of T12. There is attenuation of contrast within the subarachnoid space ventrally at T13-L1, L1-2, and more significantly at L4-5. At L4-5, there is dorsal deviation of the spinal cord to the right of midline. There is mild isoattenuating material within the neural canal to the left of midline at this site. No definitive abnormalities are identified in the included abdomen. The small bowel is moderately gas distended. Spondylosis is present.

Below: Note the attenuation of contrast ventrally and dorsal deviation of the spinal cord.



Below: Dorsal projection. The isoattenuating circle surrounded by contrast represents compressive material (nonmineralized disc material, clots, etc.) within the spinal canal.



Conclusion

- 1. Extradural extruded disc material at L4-5 to the left of midline causing dorsal and rightward moderate compression of the spinal cord. This is likely the source of this patient's clinical symptoms.
- 2. Extradural protrusion of the intervertebral discs at T13 through L2 with minimal spinal cord compression.
- 3. The gas distended small bowel likely represents ileus associated with anesthesia.

Recommendations

1. Surgical decompression appears indicated.