

Diagnostic Imaging Report

Owner

Wildman

Referring veterinarian

Anrich veterinary Hospital - Chavdar Chernev

Patient

Muppet : Dog Labrador
retriever

Male 9 years

CT Performed on Jul 20, 2018

by James Weston

History

Pain/stiffness.

Has been stiff the last few days. Trouble getting up and can't walk, was ok in the consulting room but owners state is immobile especially in the morning. Has had this problem last year, resolved with opioids and NSAIDs pain relief. Was diagnosed with hip dysplasia at one year old.

Description

The study consists of 6 series of 1 mm thick transverse CT images of the both pelvic and thoracic limbs taken before and after IV injection of contrast medium.

On precontrast images of the pelvic limbs, lumbar and sacral vertebral bodies are well aligned delineating a vertebral canal of normal size. Ventral new bone formation is noted at the lumbo-sacral junction. No aggressive or traumatic bony changes are identified. The L7-S1 disc space is collapsed and adjacent endplates are eroded. The L7-S1 disc is protruding in the vertebral canal resulting in obliteration of the ventral epidural fat and dorsal displacement of the cauda equina. No other disc extrusion or protrusion is seen. Underlying abdominal and pelvic structures are within normal limits. Both femoral heads are well seated in their respective acetabulum. Mild periarticular bone productions are seen on the dorsal acetabular rims and on the femoral heads, more pronounced on the left side. The infra patellar fat pad is intact on both sides indicating no stifle joint swelling. A small separate osteochondral fragment is identified on the disto-lateral aspect of the talus. The lesion is bilateral and symmetrical. No soft tissue swelling is seen associated with the tarsal joints.

On post-contrast images, prostatic enhancement is irregular, but no fluid filled cavity is noted.

On additional images of the thoracic limbs, the contour of the caudal aspect of the humeral head is smooth and regular on both sides. There are no signs of degenerative changes of the shoulders, including in the bicipital groove. Mild bone production is noted at the attachment of the supra-spinatus muscle on the greater tubercle of the right humerus. The contour of the anconeal and medial coronoid processes is smooth and regular on both sides. There is no sign of excessive sclerosis of the ulnar trochlear notch. The humeral condyle is within normal limits. There is no evidence of degenerative joint disease of the elbows. Carpal joints are within normal limits. Cervical vertebral bodies are well aligned delineating a vertebral canal of normal size. No aggressive, traumatic or degenerative bony changes are identified. No disc extrusion or protrusion is seen. Cephalic structures are unremarkable.

Conclusion

Cauda equina compression due to L7-S1 disc protrusion of uncertain clinical significance. Mild bilateral hip osteoarthritis, more pronounced on the left side. Unremarkable stifles. Bilateral osteochondral fragments on the disto-lateral aspect of the talus compatible with an osteochondrosis, of uncertain clinical significance. Prostatic changes compatible with benign prostatic hyperplasia. Enthesopathy of the right supraspinatus muscle. Unremarkable shoulders, elbows and carpi.

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Fig.1 : Sagittal reconstruction of the lumbo-sacral junction showing L7-S1 disc space collapse and disc protrusion (arrow).

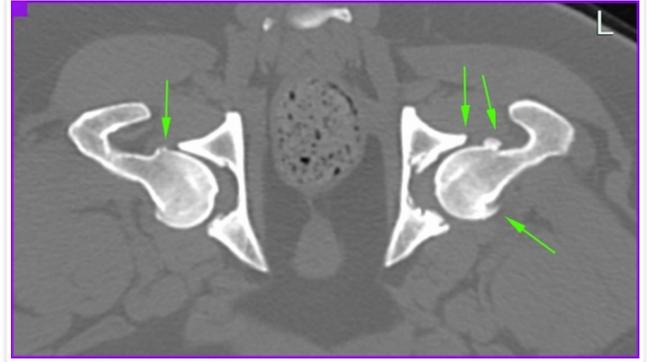


Fig.2 : Transverse image of the pelvis showing mild degenerative changes of both hips, more severe on the left side (arrows).



Fig.3 : Transverse image of both tarsi showing a small osteochondral fragment on the lateral aspect of the talus on both sides (arrows).



Fig.4 : Sagittal reconstruction of the left tarsus showing a small osteochondral fragment on the disto-lateral aspect of the talus (arrow).

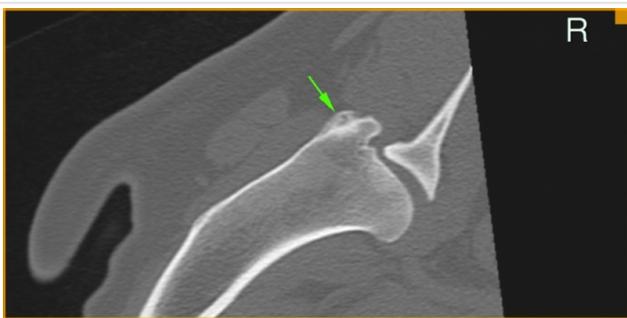


Fig.5 : Sagittal reconstruction of the right shoulder showing mild bone production on the greater tubercle of the humerus (arrow).