

Date: [REDACTED]

Referring veterinary surgeon: [REDACTED]

Hospital: [REDACTED]

Email address: [REDACTED]

Patient name and surname [REDACTED]

Species (canine/feline): Canine Breed: French Bulldog Age: 1yrs 8 months Sex: ME

Body areas scanned and charged: T3 – L3

Service required: Urgent 4 hrs or less

### Relevant clinical history, clinical findings and diagnostic test results:

Problem: initial off colour and quiet approximately 6 weeks ago, was given Metacam no improvement. Two weeks later progressed so not jumping and painful. In last few days progressed so very reluctant to walk, anxious and ataxic. Progression since yesterday so hardly walking - transfers weight to forelimbs to walk a few steps. Onset: 4-6 weeks ago. Progression: Progressed. Chronic, progressive, non-lateralised, painful, Grade 2 (heading towards grade 3). Large disc extrusion visible T11-T12. Concern is hemilaminectomy at the site with multiple abnormal vertebrae- would corpectomy be more appropriate?

### Report

Thank you for submitting this CT study of the thoraco-lumbar spine on [REDACTED].

#### Main findings

This study shows a number of abnormalities:

- Multiple vertebral malformation between T5 and T10 vertebrae (hemivertebrae, short vertebrae and ventral wedge-shaped particularly in the mid-thoracic thoracic spine, partial fusion of the dorsal spinous processes of T5, T6 and T7, dorsal wedge-shaped vertebrae at T13, fusion of the vertebral bodies and dorsal spinous processes of T13 and L1) causing kyphoscoliosis in the mid-/caudal thoracic spine (image 1)
- Moderate bony stenosis of the vertebral canal at T8 caused by malformation of the left articular process and cranial pedicle (image 2)
- Moderate spondylosis deformans over T6 to T11 ventrally and laterally
- Mild bony stenosis of the vertebral canal at T9 caused by malformation of the vertebral body and left pedicle (image 3)
- Marked ventral (worse on the right side) extradural compression of the spinal by calcified tissue at T11/12 disc space level (image 4)
- Multiple calcified disc in-situ in the lumbar spine (image 1)
- Defect in the right dorsal part of L7 end plate with smooth edges and surrounded by mild bone sclerosis (images 5 & 6)

## Conclusion & recommendations

- Multiple vertebral formations in the thoracic spine causing kyphoscoliosis and bony stenosis of the vertebral canal at T8 and T9.
- Schmorl's node at L7 (incidental finding)
- Disc extrusion at T11/T12 (worse on the right side). This suspected disc extrusions is likely responsible for the recent history of marked deterioration in Koa's gait

The presence of severe vertebral malformation and disc extrusion is a complex although not uncommon situation in French bulldog. The T11/12 disc extrusion is causing severe amount of cord compression and in view of the deteriorating neurological status, decompressive surgery is indicated. I would personally recommend right-sided T11/12 hemilaminectomy. Corpectomy should be avoided here in view of the adjacent vertebral malformation. Hemilaminectomy alone should not affect biomechanics in this case as T11/12 vertebral unit appears unaffected by the vertebral malformation with especially intact articular processes and facets. When performing the hemilaminectomy, I would ensure the margins of it are wide enough in dorso-ventral dimension to provide as much lateral opening of the canal and allow retrieval of the disc material with limited cord manipulation. Surgical fixation is not required here at the site of the hemilaminectomy.

I hope this report is helpful. Do not hesitate to contact me if I can be of any further help.

Best regards

Laurent Garosi  
DVM, FRCVS, Dip ECVN  
RCVS & EBVS® European Specialist in Veterinary Neurology

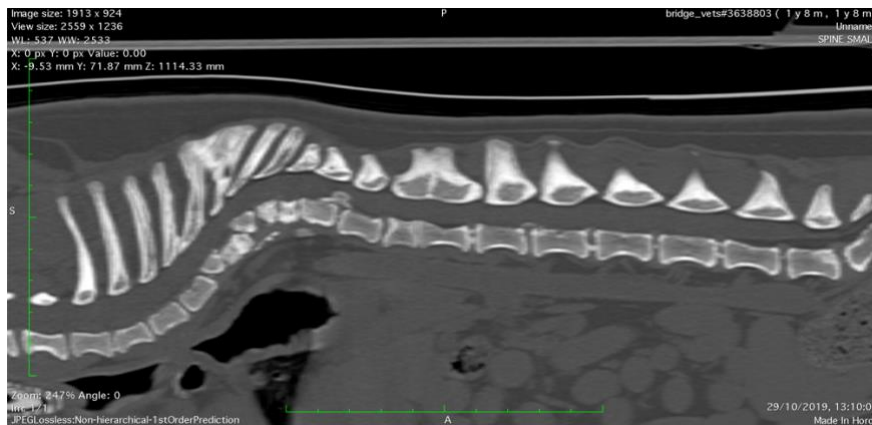


Image 1 – CT 3D MPR Sag thoraco-lumbar



Image 2 – CT 3D MPR Trv T8



Image 3 – CT 3D MPR Trv T9

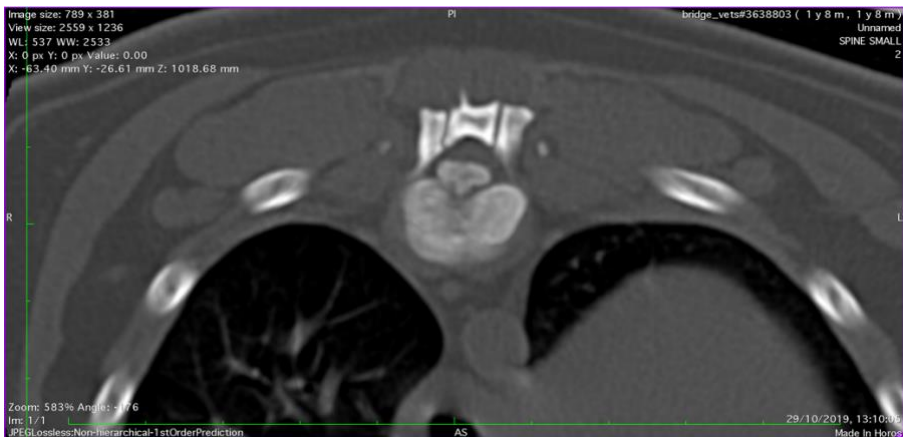


Image 4 – CT 3D MPR Trv T11/12

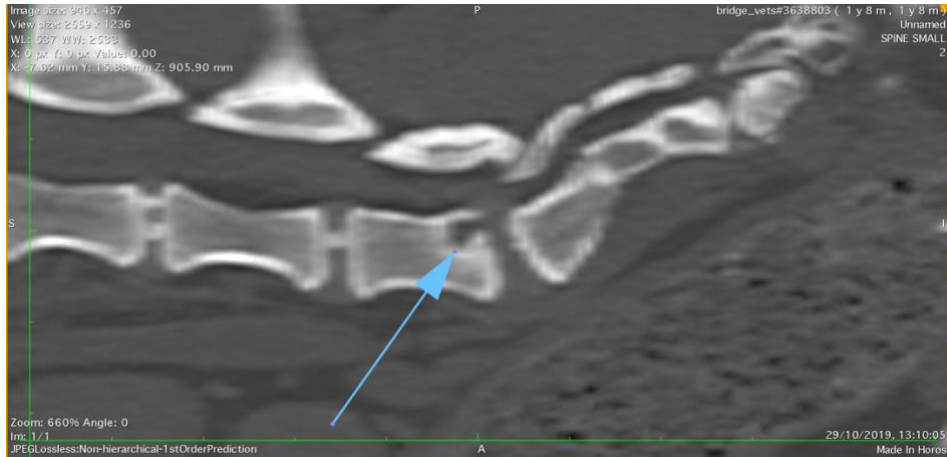


Image 5 – CT 3D MPR Sag lumbo-sacral



Image 6 – CT 3D MPR Dors L7/S1