Clinic data	Patient data
Clinic's name:	**Owner's name:**
	Patient's name:
	Gender:
Reporting veterinarian: Dr. Philip Stoynov	**Species**: **Age**:
	Breed:
Date:	**Type of study:** Computer tomography

Clinical information: History of back pain.

CT Findings

Vertebral Column and Spinal Cord:

- The vertebral column demonstrates a normal vertebral count and alignment across cervical, thoracic, lumbar, sacral, and caudal segments.
- No radiographic evidence of degenerative joint disease or osteoarthritic changes within the vertebrae or facet joints.
- The right 13th thoracic rib (T13) is markedly hypoplastic and nearly absent, consistent with a congenital anomaly. No associated vertebral malformation noted.
- Mild respiratory motion artifacts are present but do not significantly impair diagnostic interpretation.
- No sign of osteoarthrosis of the front and hind limbs.

Cervical Spine (C1–C7):

- There is a suspected mild dorsal displacement of the cranial aspect of the C6 vertebral body, which appears marginally more prominent than typical anatomical alignment. This may reflect early or subtle instability or spondylolisthesis, although clinical correlation is required.
- No significant intervertebral disc space narrowing or mineralization is observed in the cervical region. No overt spinal cord compression visualized at this level.

Lumbosacral Region (L7/S1):

- Mild protrusion of the intervertebral disc at the L7–S1 level is observed, impinging slightly into the vertebral canal.
- This results in dorsal displacement and potential mild compression of the cauda equina.
- No evidence of lytic lesions, vertebral endplate irregularity, or advanced discospondylitis.

Radiological Impression

1. **Suspected mild intervertebral disc protrusion at C6–C7**, with possible early **spondylolisthesis** of C6. Clinical significance to be determined based on neurological examination.
2. **Mild intervertebral disc protrusion at L7–S1**, causing dorsal deviation of the cauda equina—consistent with early **lumbosacral disc disease** and potential **cauda equina syndrome** (equine tail syndrome).

Recommendations

- **Clinical correlation** is strongly advised, particularly to assess:
    - Localization of neurological deficits (e.g., thoracic limbs for cervical involvement; pelvic limbs, perineal reflexes, or tail tone for lumbosacral involvement).
    - Presence or absence of cervical or lumbosacral pain.
    - Patient's response to anti-inflammatory or conservative management.
- **Neurological examination** is recommended for neuroanatomical localization.
- If clinical signs are progressive or refractory to therapy, **advanced imaging with MRI** is advised for detailed assessment of spinal cord and nerve root involvement.
