



DATE: January 12, 2024

STUDY DATE: January 12, 2024

REFERRING VETERINARIAN: Dr. Example Clinician of Example Equine Hospital

**PATIENT INFORMATION:**

Example Horse – Example Client

9 Year Old Hanoverian Gelding – Eventing

**CLINICAL HISTORY:**

The patient was evaluated for difficulties under saddle, incoordination, resistance to going forward, and unwillingness to lower head. Pre-purchase exam radiographs indicate significant kissing spine lesions of thoracolumbar spine in multiple locations. On examination, patient was found to be sound. Moderate reactivity to palpation of C2-3 region of cervical spine as well as thoracolumbar spine. Neurological exam revealed deficits when backing and in tight circles. Patient noted to have significant muscle atrophy over neck and gluteal regions bilaterally despite recent history of adequate feed and work. Radiographs of cervical spine taken due to suspicion of spinal cord compression as cause of neurological deficits. A CT myelogram was ordered as a follow up to radiographs from January 5, 2024.

**COMPUTED TOMOGRAPHY FINDINGS:**

**CERVICAL MYELOGRAM:**

C2-3: The articular processes are mildly enlarged. There is mild to moderate sclerosis of the medial subchondral bone of the right cranial articular process. The dorsolateral aspects of the subarachnoid contrast are moderately narrowed and flattened.

C3-4: There is mild flexion of the neck at this level. Small osteophytes are arising from the medial margins of the articular processes. There is mild circumferential thinning of the subarachnoid contrast with moderate flattening of the dorsolateral aspects of the subarachnoid contrast. The spinal cord is normal in diameter.

C4-5: The articular processes are mildly enlarged with small osteophytes arising from the medial margins. There is mild circumferential thinning of the subarachnoid contrast with flattening of the dorsolateral aspects of the contrast.

C5-6: The articular processes are mildly to moderately enlarged and cause mild to moderate narrowing of the intervertebral foramina bilaterally. The medial trabecular bone of the articular processes is mildly to moderately sclerotic. The dorsolateral aspects of the subarachnoid contrast are moderately flattened at the caudal aspect of the intervertebral disc space.



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C6-7: The dorsal lamina of C7 overrides the C6 vertebral body, causing moderate narrowing of the vertebral canal, moderate thinning of the dorsal subarachnoid contrast, and mild compression of the spinal cord in a dorsal-ventral direction.

The articular processes are moderately to markedly enlarged, more pronounced on the right where there is moderate right intervertebral foraminal narrowing. Small osteophytes are arising from the dorsolateral aspects of the articular processes.

C7-T1: There is incomplete filling of the subarachnoid space with contrast. The dorsal lamina of T1 mildly overrides the C7 vertebral body causing mild flattening of the dorsal subarachnoid contrast. The dorsal lamina / spinous processes of C7 and T1 are impinging with moderate sclerosis of the opposing trabecular bone.

A small mineral focus is present in the ventral, medial aspect of the right C7-T1 intervertebral foramen.

**IMPRESSIONS:**

Mild spinal cord impingement at C6-7 secondary to overriding of the C7 dorsal lamina and C6 vertebral body. Moderate spinal cord impingement at C2-3, C3-4, and C4-5. Mild spinal cord impingement at C5-6 and C7-T1.

Mild to moderate enlargement of the C4-5, C5-6, and C6-7 articular processes, most pronounced at C6-7 on the right where there is moderate secondary intervertebral foraminal narrowing.

Example Radiologist, DVM, DACVR



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