

## **Cervical Spondylopathy Associated with Soft Tissue Compressive Lesions in a Pekingese**

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**Signalment:** A Pekingese (8-year-old, neutered female) was presented to the Veterinary Medical Teaching Hospital of Seoul National University for gradual onset, progressive left thoracic limb incoordination, low head carriage, and resistance of gait in a downhill road.

**Results:** The Pekingese was progressive ataxia and tetraparesis, apparent neck pain, decreased or absent postural reaction, increased extensor muscle tone, resistant to manipulation of the neck (especially extension) after more than a week of first presentation. Abnormal alignment of adjacent vertebrae (C5-6), intervertebral space narrowing (C2-3, C3-4, C4-5, C6-7), ventral spur formation (C3-4, C4-5, C6-7) were identified on survey radiographs. On computed tomography, in spite of ventral compression at C5-6, spinal cord was rather ventrally compressed than not deviated dorsally. So we could suspect that vertebral instability would produce spinal cord compression by inducing secondary changes, primary in the soft tissues. Through dorsal approach at C5-6, vertebral instability, joint capsule proliferation, interarcuate ligament hypertrophy were identified and excisions of right joint capsule and interarcuate ligament were performed for spinal cord decompression. After operation, neckbrace was used for cervical stability.

**Clinical relevance:** Computed tomography was valuable imaging modality in dogs with cervical spondylopathy associated soft tissue compressive lesions. In this situation, dorsal decompression by excisions of soft tissue compressive lesions could be relatively non-invasive surgical method.

Key words: Cervical spondylopathy, vertebral instability, soft tissue compressive lesions, dog

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