Degenerative intervertebral disk disease (IVDD) is a common neurologic diagnosis in dogs, with lesions most commonly occurring in the cervical and lumbar areas. T1-T9 lesions are rarely recognized, but appear to be most frequently identified in large-breed dogs. The medical records of 723 dogs with IVDD diagnosed via MRI were reviewed: of 527 small-breed dogs represented, the most common breed was the dachshund, whereas of the 196 large-breed dogs, the Labrador retriever was most common. No small-breed dogs in this study had identified T1-T9 region lesions; however, 10.7% of large-breed dogs had lesions localized to T1-T9. Although this site was the least common in dogs overall, it was the second most common site in the German shepherd dog and golden retriever breeds. Weight and age were also significantly associated with IVDD region; mean weight of dogs with T1-T9 lesions was 36.1 kg and mean age was 9.3 years of age. Of the 21 dogs with T1-T9 lesions, 14 had multiple regions affected and 3 had multiple sites affected within the T1-T9 site. All large-breed dogs presenting with thoracolumbar myelopathy should have diagnostic imaging of the entire thoracic and lumbar spine.

**Commentary**

Although many emergency veterinarians do not perform surgery on IVDD patients, many are routinely involved with lesion localization, initial diagnostics, case referral, and discussion of conservative management options with clients when appropriate. It was surprising to read that 10% of large-breed dogs and nearly 30% of German shepherd dogs with IVDD had primary lesions in the upper thoracic (T1-T9) region. Surgeries in this region of the spine are particularly challenging because of the extensive musculature present within the surgical field and its proximity to the thoracic cavity. When treating the German shepherd dog with suspected IVDD, emergency clinicians can use the information presented in this study to prepare clients of the likelihood of a T1-T9 lesion, which could present specific challenges in surgical management.—Julie M. Walker, DVM, DACVECC

**Source**


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