



PATIENT PRESENTING CLINICAL SIGNS

Katie Givens P started losing hind end mobility over the past week w/ progressive worsening. Walking abnormally initially and now almost unable to move on hind end
 Abnormal PE/Chem/CBC/UA Results: Left rear decreased CP. Does not appear to be able to move that limb well when placed on the floor places it abnormally. Cranial nerves appear to be normal on exam. Anal and tail tone appear to be appropriate. Wheelbarrows well, but postural placing absent on left. pO2 69.7 mmHg; cSO2 93.0; pCO2 29.7mmHg;BE, ECF -9.8 mmol/L; Chloride 136 mmol/L; Lactate 7.33mmol/L; BUN 45 mg/dL; HCT 26%

SPECIES

Feline

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COMPUTED TOMOGRAPHY OF THE LUMBAR SPINE AND HIND LIMBS

A high resolution plain CT study of the lumbar spine and hind limbs is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

FS

There is a small intestinal segment, measuring 7.6 cm in length, presenting circumferential mural thickening, measuring up to 3.1 cm in width.

AGE

14 Years

Multiple nodular soft tissue attenuating lesions are seen throughout the peritoneal fat and multifocal nodular thickening of the ventral abdominal wall is seen.

The cranial pole of the urinary bladder presents two plaque like plaque like mural lesions, measuring up to 7 mm in width.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The kidneys present bilaterally irregular margins.

The osseous and soft tissue structures of the lumbar spine present without abnormalities.

The pelvis and coxofemoral joints present without abnormalities.

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The stifle joints present smooth osseous margins and without signs of intracapsular articular swelling.

REFERRING VET

C. Ebert

The talocrural joints bilaterally present with moderate periarticular swelling. The periarticular bones of the tarsal joints bilaterally present moderate osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

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- Segmental small intestinal mural mass
- Peritoneal nodular lesions
- Nodular muscular lesions ventral abdominal wall
- Mural plaque like lesions
- Chronic nephropathy
- Advanced degenerative osteoarthritis tarsal joints bilaterally
- Normal lumbar spine

DATE

1-10-22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mural mass, nodular lesions throughout the peritoneal fat, ventral abdominal wall and plaque like mural lesions of the urinary bladder wall are most consistent with metastatic neoplastic



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disease – carcinomatosis appears more likely than underlying round cell neoplasia. Recommend ultrasound guided FNA sampling for further definition.

No abnormalities are appreciated, explaining the progressive paraparesis. However, metastatic disease to the lumbar spine appears as a plausible explanation.

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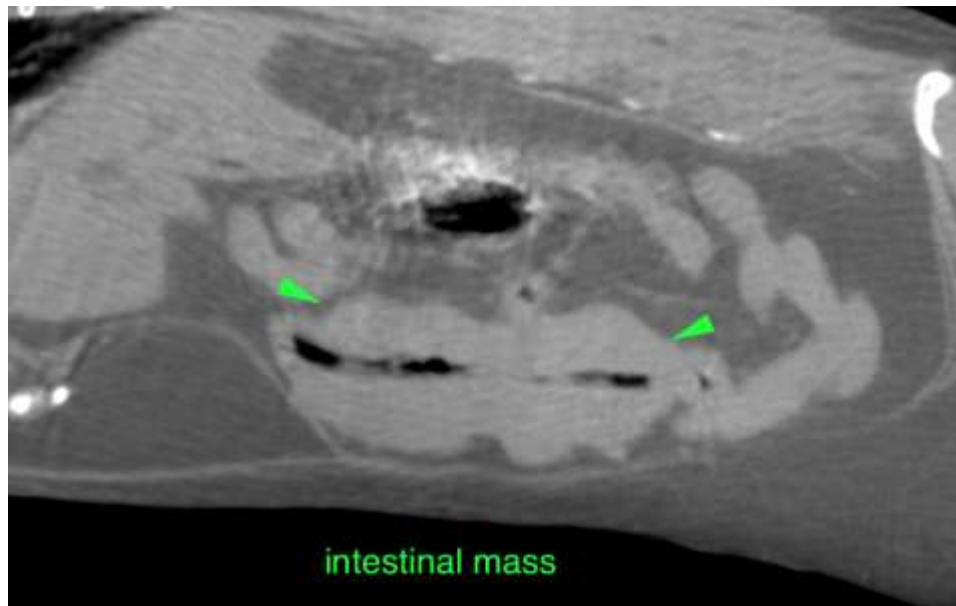
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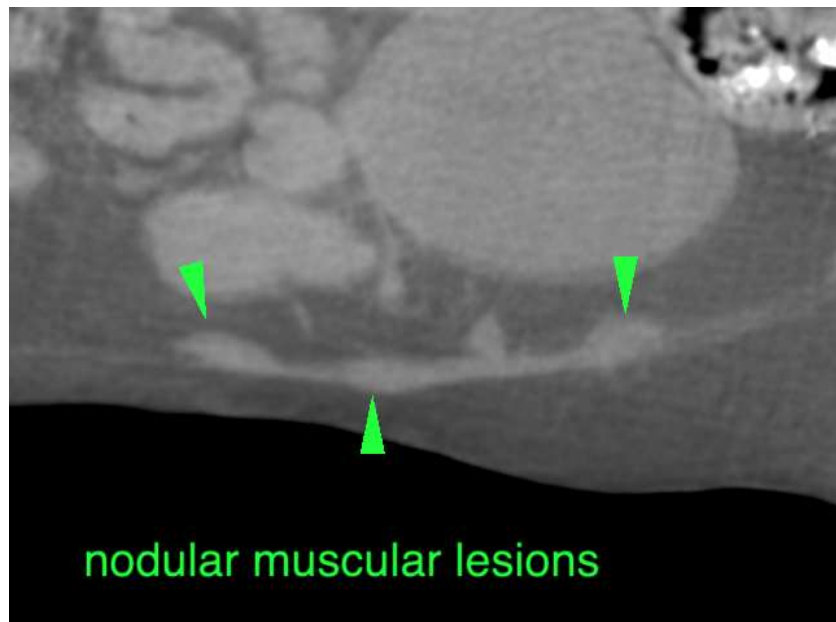
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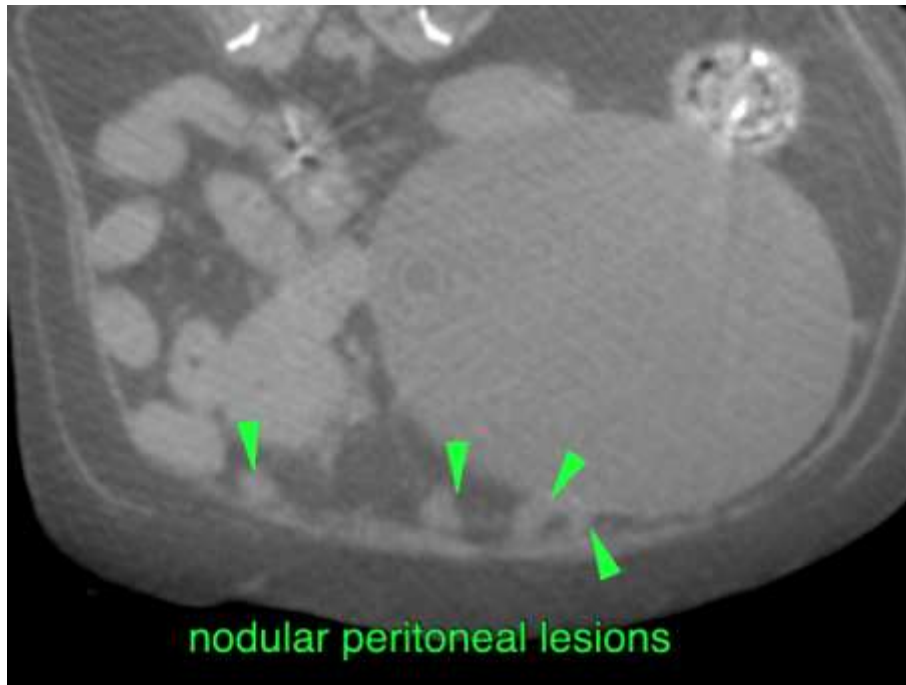
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
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