



PATIENT PRESENTING CLINICAL SIGNS

Eleanor Sanderson walking funny since Sunday , owner was suspected stroke , she was crying loudly
 Abnormal PE/Chem/CBC/UA Results: pain around the neck , TL area during palpation , colon impacted with hard fecal material , BW indicated elevated BUN , Crea., hyperglycemia , hyponatremia, Eosinophilia

SPECIES

Feline

RADIOGRAPHIC STUDY OF THE CERVICAL & THORACIC SPINE

An overview study including the thorax and abdomen in three imaging planes is provided for review.

BREED

DSH

RADIOGRAPHIC FINDINGS

Thorax

SEX

Female Spayed

The intervertebral disc space C6/C7 is moderately narrowed. The vertebral endplates C6/C7 present moderate sclerosis and spondylosis formation.

The extrathoracic soft tissues present homogeneous without abnormalities.

AGE

12 Years

The heart is of normal size and shape, there is no evidence of cardiac chamber or vascular enlargement. The pulmonary vasculature is within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
 Dr. med. vet. DipECVDI

The cranial mediastinum presents the expected soft tissue opacity. The mediastinal width is less than twice the width of the vertebral column at the same level.

The trachea is normal in diameter and presents the anticipated course. The luminal outline of the trachea is smooth.

HOSPITAL NAME

St. Catherine's Animal Hospital

The bronchial tree presents with thin walls and tapers uniformly towards the periphery as expected.

The lung parenchyma presents the expected architecture and opacity; the intrapulmonary vascular branching is seen up to the third order lung vessels.

REFERRING VET

Dr. Masoud

The diaphragm is well delineated with even surface and the expected mild cranial bulging of the diaphragmatic cupola.

Abdomen

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The vertebral endplates L7/S1 present mild ventral spondylosis formation.

No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

DATE

1-12-22

The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

The splenic head is in the anticipated position and within normal limits for size and opacity. The

**PATIENT**

splenic body and tail are considered normal for position, size, shape and opacity.

Eleanor Sanderson

In the imaging plane of the right renal pelvis, a well-defined, mineral opaque body, measuring 1.7 mm in size is visible. The left kidney appears to present a significantly decreased volume in the left lateral projection and cannot be appreciated in the other projections of the spine. The urinary bladder is in its anticipated position. A granular mild mineralized ovoid shaped body is superimposed on the urinary bladder, measuring 2 cm in size.

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Feline

The stomach is in its anticipated position and presents normal content.

BREED

DSH

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the small intestinal loops and considered within normal limits.

SEX

Female Spayed

RADIOGRAPHIC DIAGNOSIS

- Chronic discopathy C6/C7
- Cystolithiasis
- Right sided nephrolithiasis
- Suspect left sided chronic nephropathy versus congenital renal hypoplasia
- Spondylosis deformans

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Acute on chronic disc disease might be a source for the abnormal gait, although there is no radiographic evidence of overt cardiac enlargement thrombus formation might be a cause for the clinical signs as well. A cardiac echo can be used as advanced diagnostic test to rule out underlying cardiac disease completely. If there is strong clinical suspicion for underlying (compressive) myelopathy, cross-sectional imaging might be used as an advanced imaging modality.

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Recommend complete urinalysis for further workup of the cystolithiasis.

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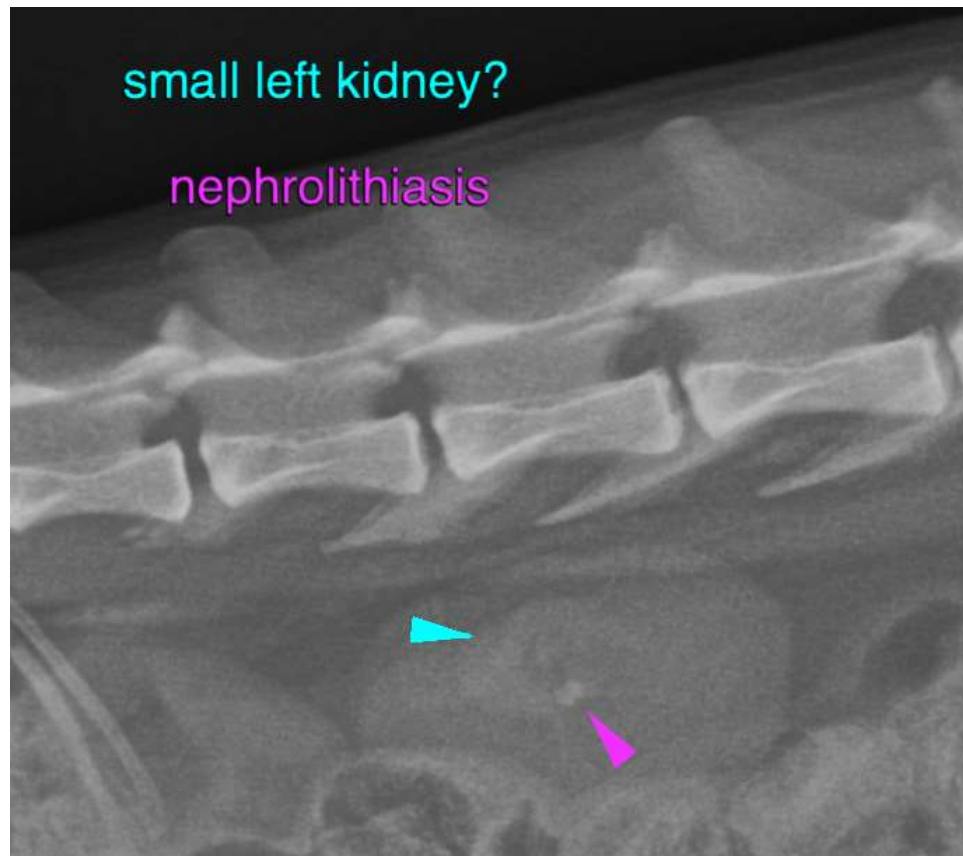
Dr. Masoud

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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.

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.

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