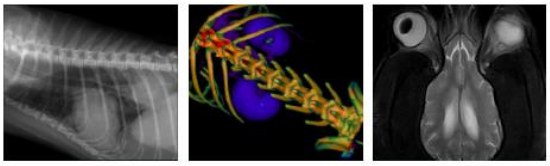

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Pepper Ward

SPECIES

Canine

BREED

German Shepherd

SEX

SF

AGE

7 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

VetMed Consultants

REFERRING VET

David Payne

INVOICE

49850

DATE

1-25-22

PRESENTING CLINICAL SIGNS

Pepper presented with a 6 month history of occasional mild soreness/limp in her hind end. She acts painful after laying in the same position. Any lameness resolves after she gets up and starts moving around. She is able to go on walks and run. Radiographs were taken 2 weeks ago to check for arthritis in her hips. An osteolytic lesion was identified in the pelvis radiographically. Osteosarcoma was suspected. She is generally pretty active. There is also a 1 year history of bilateral serous nasal discharge and ulcerations on her nasal planum around the nostrils. There has been no response to antihistamines. Sneezing is not reported. Previous diagnosis: Incontinence (on incurin EOD) Purpose of CT scan: Diagnostic, staging Location of CT scan: Pelvis Limping: No Therapies tried and response: Gabapentin very rarely Current medication: Incurin for incontinence Current symptoms: Occasional soreness in rear end General health status: Eating and drinking well. No vomiting or diarrhea. No constipation. Energy levels good. Goes on 1.5 mile walk daily.
Abnormal PE/Chem/CBC/UA Results: PE: Unable to examine while awake. No visible lameness. Lab: Bloodwork is dated 1/15/22. CBC - PCV = 64%, WBC = 8100, neutrophils = 5751, lymphocytes = 1620, monocytes = 405. Platelets = 222,000. Chemistry - ALT = 207, all else normal. T4 - normal. Urinalysis - USG = 1.010, pH = 8.5, negative protein, WBC = 0, RBC = 0-1/hpf, no bacteria. Radiographs: A small osteolytic appearing lesion is seen in the area of the pubis on the VD view.

COMPUTED TOMOGRAPHY OF THE THORAX, ABDOMEN & PELVIS

A high resolution pre- and post-contrast CT study of the abdomen/pelvis and a plain CT study of the thorax are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Thorax

The bony and surrounding soft tissue structures are within normal limits.

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

The cardiovascular structures including the pulmonary vasculature are within normal limits.

The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior with interspersed punctuate mineralization.

Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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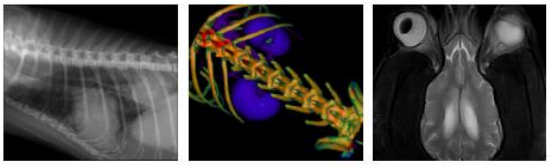

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The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration a bilaterally symmetric and uniform nephro- and pyelogram is noted.

The vagina is mildly dilated by fluid.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.
The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

In the subcutaneous tissue in the right dorsal aspect of T11, a well-defined, subcutaneous nodule measuring 8 mm in size is visible. Multifocal moderate spondylosis formation is seen along the lumbar spine. The intervertebral disc L6/L7 is mildly protruding into the vertebral canal, distorting the ventral epidural space at the same level. The lumbosacral intervertebral disc is moderately protruding into the vertebral canal, occupying approximately 50% of the cross-sectional area of the vertebral canal at the same level. Advanced spondylosis formation is seen level with the neuroforamina L7/S1. The iliosacral joints bilaterally present moderate degenerative changes. Both coxofemoral joints present mild osteophyte new bone formation.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Degenerative lumbosacral stenosis with bilaterally neuroforaminal stenosis
- Mild intervertebral disc protrusion L6/L7 without compressive myelopathy
- Degenerative changes iliosacral joints bilaterally
- Mild degenerative osteoarthrosis coxofemoral joints bilaterally
- Spondylosis deformans
- No evidence of aggressive osseous lesions of the pelvis
- Normal thorax, no evidence of pulmonary metastatic disease

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is negative for aggressive osseous lesions of the pelvis/neoplastic disease.

The degenerative lumbosacral stenosis with bilateral neuroforaminal stenosis by the lateral spondylosis formation might be a source for the described clinical signs. Local glucocorticoid injection and pain management can be tried as minimally invasive treatment options.

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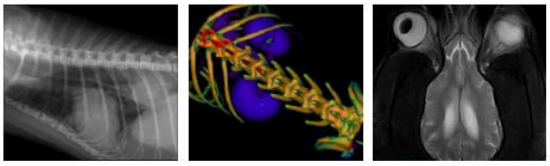

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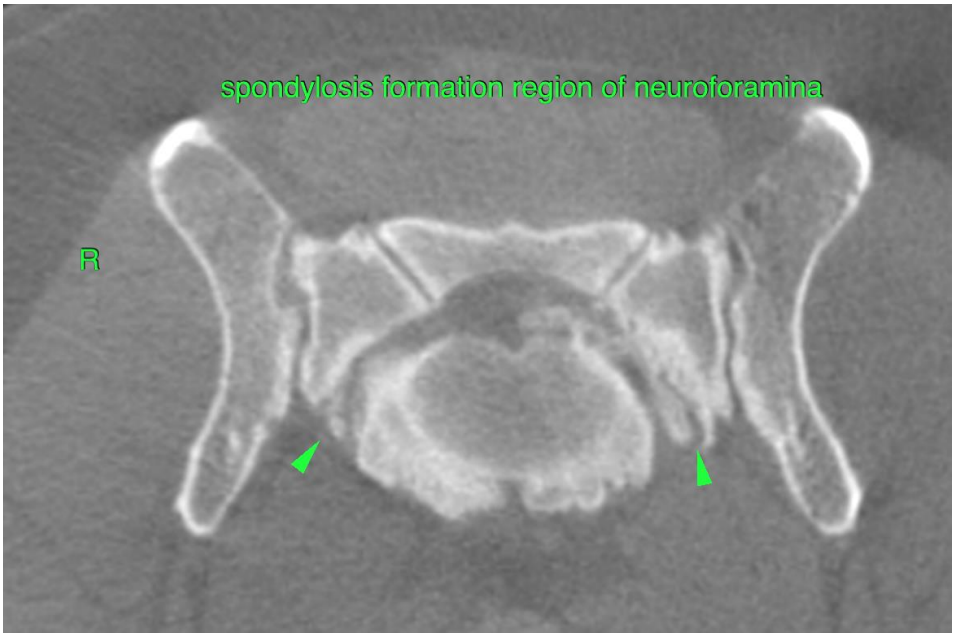

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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