



PATIENT PRESENTING CLINICAL SIGNS

Daisy Krishnan

Patient presented to an ER in Stockton on 1/15/22 after being BBD (large pit bull) and started acutely dragging the pelvic limbs. Per PE notes from other ER: paraparetic with possible lesion at L2-3 area as dorsal puncture nonpainful, nonswollen. Deep pain on pinch with very mild withdrawal reflex R=L. No CPs, rear legs in extensor and crossed. Patient was given Dex-SP injectable, a 24hr dose of Rimadyl SQ and sent home with Metacam. Liver and kidney values today are WNL but ALT and GGT were severely and moderately elevated respectively at other ER. rDVM started Denamarin PO last week following referral records from All Creatures. Physical Findings: CP absent bilaterally in the pelvic limbs. Superficial pain absent, deep pain present. Patellar reflexes present bilaterally. Cutaneous trunci absent beyond L3/L4. Referral DACVR report for radiographs at other ER stated the opacities over the falciform fat region could represent overlying wet hair coat, body wall trauma, or focal effusion. Slightly heterogeneous right thigh soft tissues. Possible thigh soft tissue trauma. No fractures or subluxations are seen. Suspect T13-L2 IVDD. Review of JPEG & DICOM copies of referral radiographs showed a fracture affecting the right lamina & pedicle of T13 along with a fracture of the left transverse process of L3. Narrowing of disc spaces at T13-L1 & L1-L2. There was also a wispy soft tissue opacity in the retroperitoneal space.
Abnormal PE/Chem/CBC/UA Results: CBC/CMP today was WNL, no evidence of an AKI or hepatic issues

SPECIES

BREED

SEX

AGE

COMPUTED TOMOGRAPHY OF THE THORACOLUMBAR JUNCTION

A high resolution pre- and post-contrast CT study of the thoracolumbar junction is provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

COMPUTED TOMOGRAPHIC FINDINGS

THE LAST RIB BEARING VERTEBRA IS COUNTED AS T13.

HOSPITAL NAME

South Bay Animal Hospital

There is a depression fracture of the right lamina of T13 with at least 3 small osseous fragments, deviated into the vertebral canal, occupying approximately 35% of the cross-sectional area of the vertebral canal at the same level. The dural tube is mildly displaced to the left and deformed. The overlying musculature presents a tubular shaped region of mild contrast enhancement.

REFERRING VET

Rupashree Rao, DVM

A transverse fracture at the base of the left transverse process of L3 is seen, with mild to moderate ventral deviation of the left transverse process. Mild heterogeneity of the epaxial musculature at the same level is seen.

The left ventrolateral abdominal wall presents a circular defect with prolapse of peritoneal fat, measuring approximately 5 mm in diameter.

INVOICE

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Acute traumatic depressed defect of the right lamina T13 due to dog bite, with compressive myelopathy and hematoma formation
- Acute traumatic mildly displaced transverse fracture left transvers process L3
- Traumatic hernia abdominalis

DATE

1-27-22



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are consistent with a depression fracture of the right lamina of T13 with displacement of the small osseous fragments into the vertebral canal and secondary compressive myelopathy – explaining the paraparesis. Surgical decompression is recommended. Be aware that this is a potential infected fracture as the tooth likely has impinged the lamina.

SPECIES

Consider surgical management of the defect in the left ventral abdominal wall.

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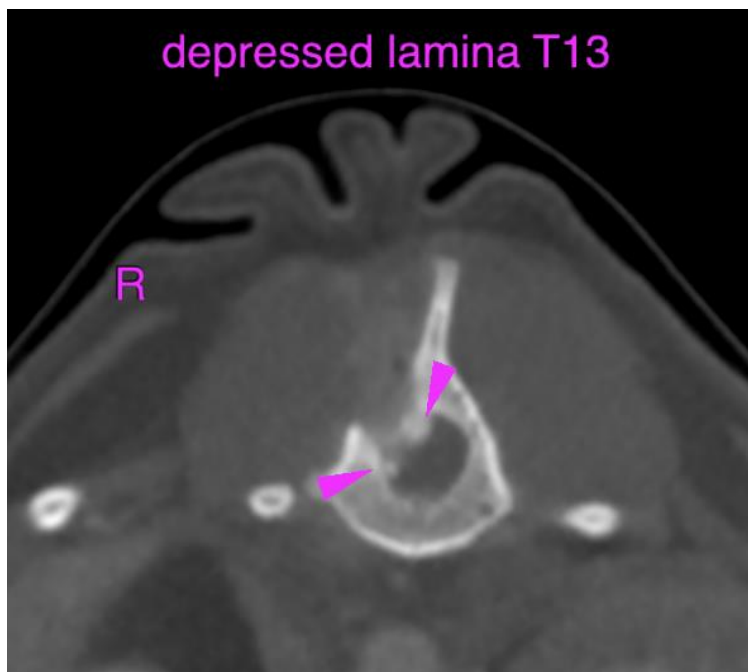
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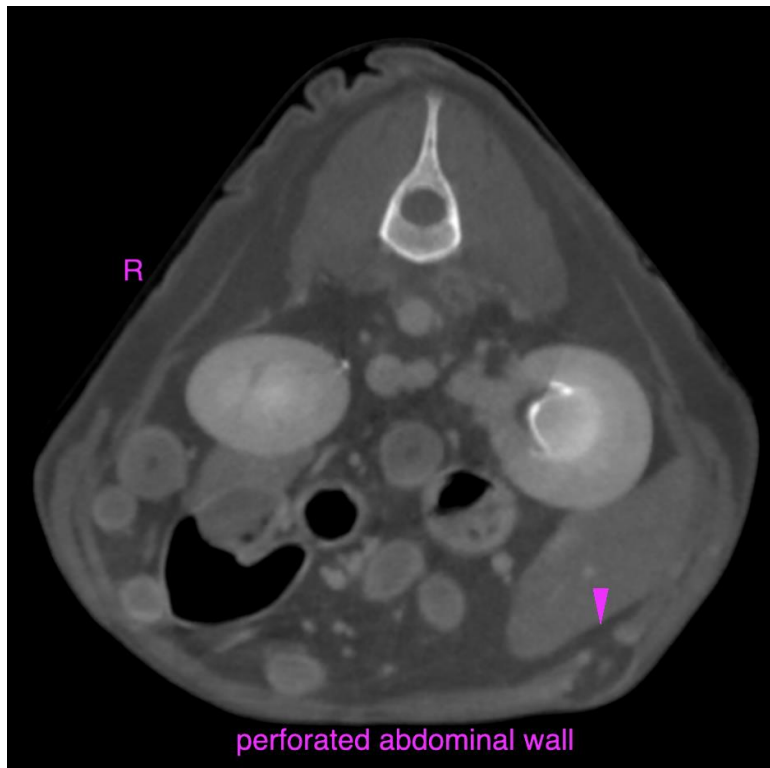
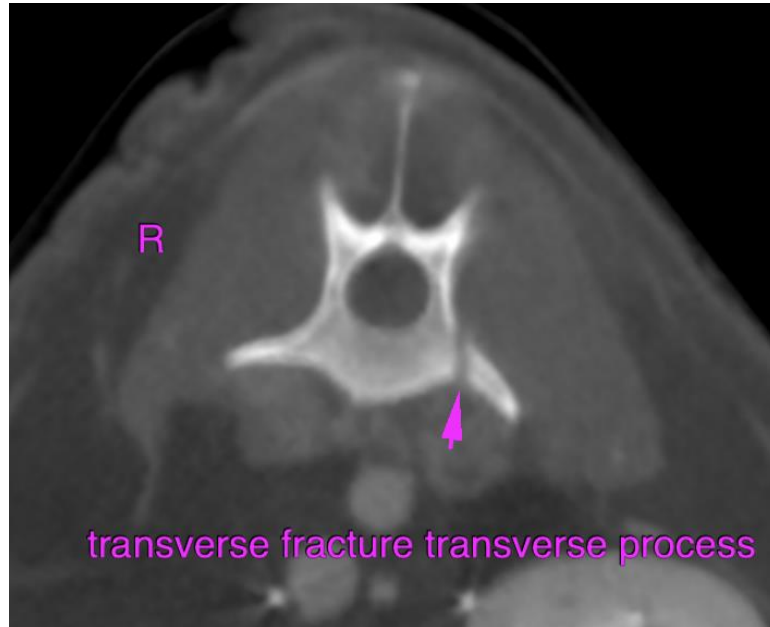
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

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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