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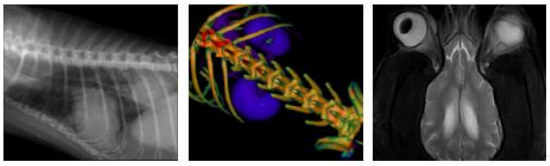

PATIENT

Kelsey Lobsinger

SPECIES

Canine

BREED

Shepherd Mix

SEX

FS

AGE

12 Years, 6 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Casselton Vet Service

REFERRING VET

Brad Bartholomay

INVOICE

56526

DATE

1-31-23

PRESENTING CLINICAL SIGNS

Started acting painful January 19, 2023-was whining, yelping when scratching, shaking on rear-end & seems to stand funny on left rear. Exam at primary vet: 1=102.9, grade 1 lame right rear, no pain on palpation of left rear, squats when palpating back. Was diagnosed with soft tissue injury and prescribed Prednisone & Tramadol. On exam January 27, 2023 O reported it was more painful the previous 7 days than it had been and was not improving with the pred & tramadol then 3 days prior was unable to use rear legs-mostly dragging them, otherwise was bright alert, eating & drinking. On exam there was deep pain present in all 4 paws, painful extension of neck dorsally, inconsistent pain on palpation of lumbar vertebra.
Abnormal PE/Chem/CBC/UA Results: Exam 1/31/23 just prior to CT: Diminished consensual menace present; tender LS and mostly at 3-5, Schiff sherrington, paresis in rear with ataxia and severe CP deficits. Anal tone present, but tail flaccid. ALK & ALP both elevated on bloodwork. Normal WBC Temp: 103.2

COMPUTED TOMOGRAPHY OF THE CERVICAL, THORACIC AND LUMBAR SPINE

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

COMPUTED TOMOGRAPHIC FINDINGS

The osseous and surrounding soft tissue structures of the cervical, thoracic and lumbar spine present without abnormalities.

After intrathecal contrast administration, the contrast column is fading out level T4/T5. Contrast media is seen within the central canal. Along the cervical spine, the subarachnoid space has the expected width and the spinal cord presents without abnormalities. Level with T9 and T10, the central canal has an undulating course and is deviated and compressed significantly to the left level with T10.

Throughout the lung parenchymal, multiple well-defined, soft tissue attenuating nodules are seen, measuring up to 4 mm in diameter. Level with T6, in the craniodorsal aspect of the left caudal lung lobe, a well-defined, irregular shaped, soft tissue attenuating mass is seen, measuring 2.3 cm in size.

The urinary bladder is markedly distended.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intradural space occupying lesions level T9/T10
- Pulmonary mass left caudal lung lobe and structured nodular interstitial lung pattern
- Marked filling of the urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The distortion of the contrast column within the central canal level T9/T10 indicates an intradural mass – due to the lack of contrast within the subarachnoid space further differentiation between an extra- or intramedullary lesion is not possible. In combination with the nodular lung pattern the odds for disseminated neoplastic disease are considered high (e.g. carcinoma, hemangiosarcoma).

Ultrasound guided FNA sampling of the mass in the left caudal lung lobe can be tried by a dorsal intercostal approach level with the 5th intercostal space.

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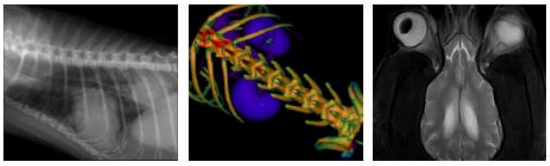

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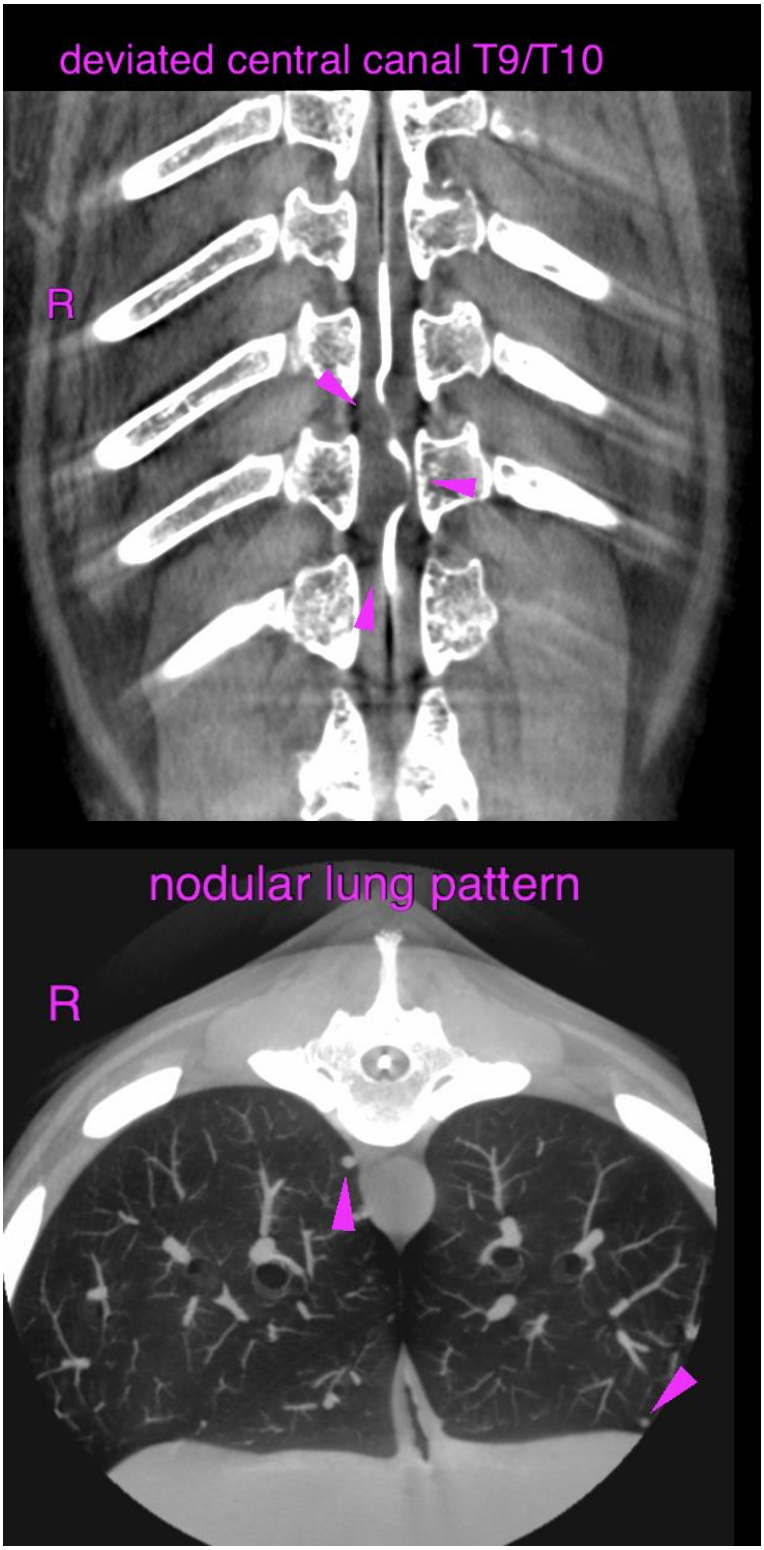

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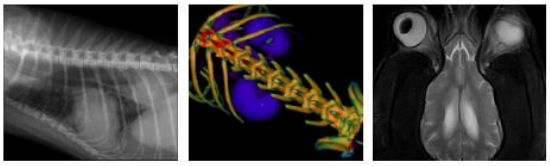

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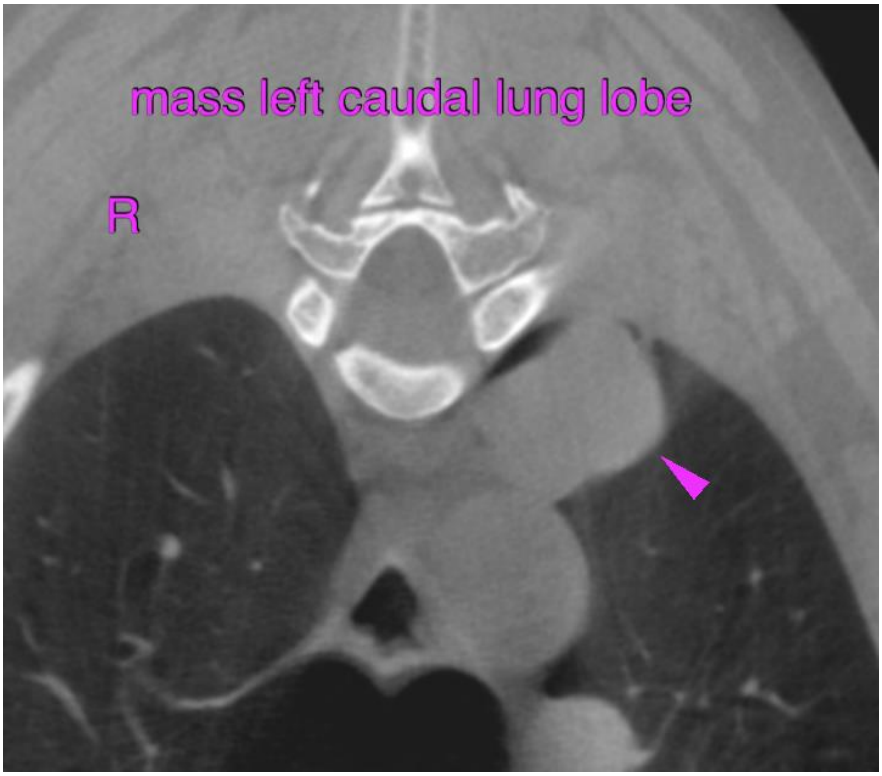

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com