



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Polly Curtsinger Presented to rDVM on 12-26-22 unable to move. All four limbs had no deep pain or motor. Mentation was dull. They treated with IVF, Buprenorphine, Prednisolone, and Enrofloxacin. Motor and sensation in the limbs seem to have improved.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 534, Neutrophilia 91K/uL, fPL and ProBNP snaps normal. Sluggish PLRs OU, Menace and Dazzle responses wnl, superficial pain positive in all 4 today, motor positive today, good anal tone, bradycardic (140), doughy distended abdomen on palpation.

Feline

BREED COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

SEX Skull

FS The pictured parts of the dentition are complete and unremarkable in all jaw quadrants.

The nasal cavity presents the expected aerated spaces between thin & even conchae and turbinates with smooth mucosal lining.

AGE

4 Years Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

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The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

REFERRING VET

Raispis

The body of C1 is absent. The neural arch is not fused dorsally and the lateral parts appear to be fused to the spinous process of C2.

Thorax

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

INVOICE

56032

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.

DATE

1-5-23

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 small



PATIENT zones of dystelectasis.

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

SPECIES Abdomen

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

BREED 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.

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

The liver presents with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

SEX The caudal extremity of the spleen presents is irregular shaped and prominent.

FS The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

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

4 Years L7 is asymmetric and articulating with the left sacroiliac joint and presenting a transverse process at the right aspect.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Suspect agenesia/dysplasia intercentrum 1 resulting in incomplete ossification of the atlas
- Disturbed ossification neural arch C1 (intercentrum 1/centrum 1)
- Asymmetric lumbosacral transitional vertebra (Type III)
- Misshapen caudal extremity of the spleen – suspect anatomical variant
- Normal skull

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Raispis There is complex congenital malformation of C1 with agenesia of the body of C1 and hypoplasia/dysplasia of the dorsal arch. Altered biomechanics of the craniocervical junction and a preceding traumatic insult can be a plausible explanation for the described clinical signs as there might have been basilar invagination or impingement of the medulla oblongata.

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56032 An MRI study can be used to check for potential changes of the spinal cord level with the craniocervical junction, indicating repetitive trauma/impingement of the spinal cord at the same level.

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Polly Curtsinger

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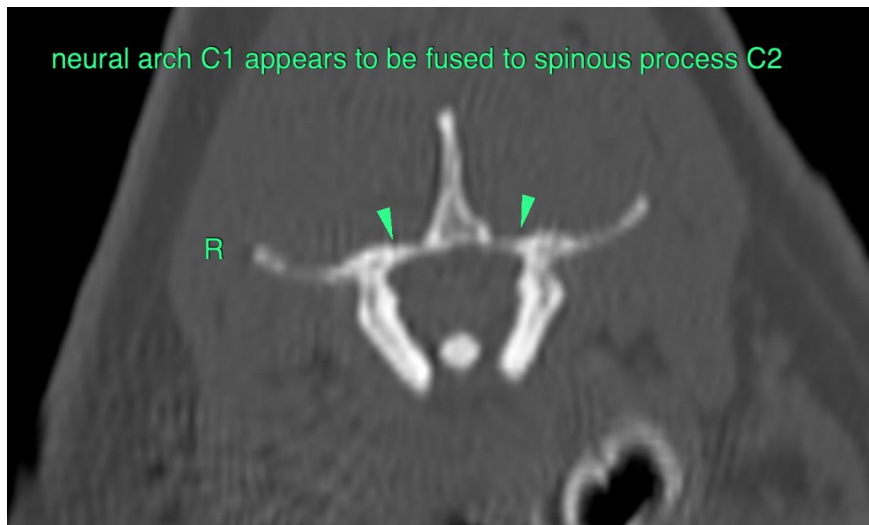
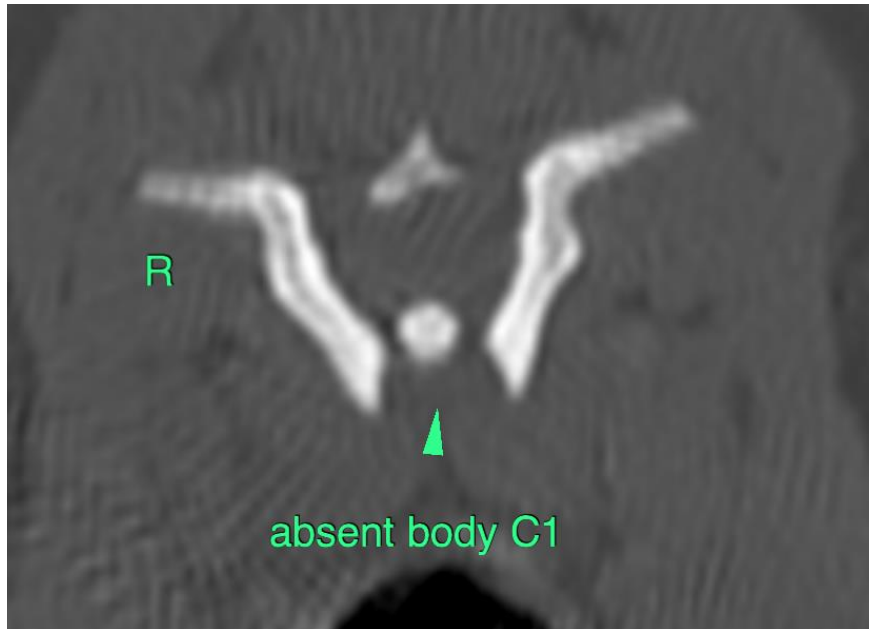
Raispis

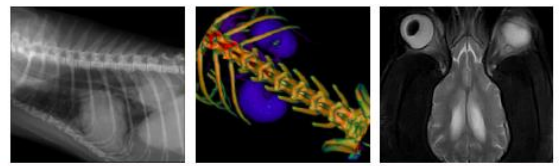
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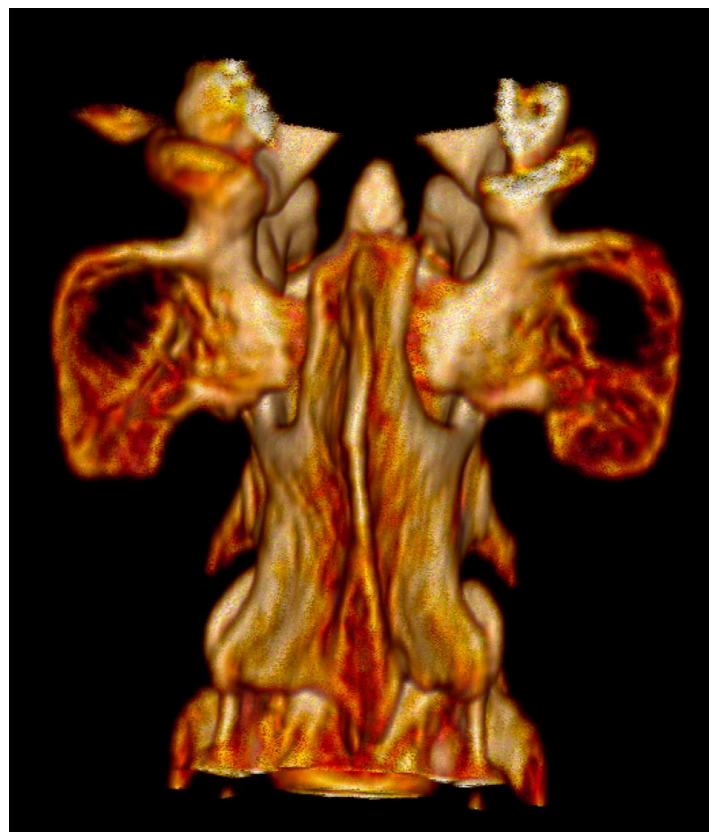
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Polly Curtsinger

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

Feline

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.

BREED

DSH

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com

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