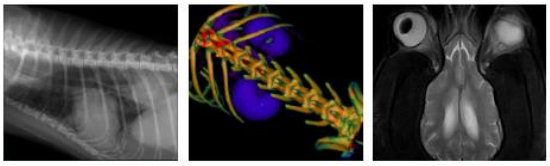

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1-800-838-4268 info@sonopath.com

PATIENT

Loki Nobile

SPECIES

Canine

BREED

Shepherd

SEX

Neutered Male

AGE

1 Year 10 Months

INTERPRETED BY

Sebastian Schaub, DVM Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Surgical Center

REFERRING VET

Grady AH

INVOICE

13295

DATE

1/6/22

PRESENTING CLINICAL SIGNS

History: Loki presented for both hind limb weakness of 3-month duration, No overt trauma, however severe pain elicited on lumbar region. Loki responded to steroids medications. Abnormal PE/Chem/CBC/UA Results:

COMPUTED TOMOGRAPHIC STUDY OF THE THORACIC & LUMBAR SPINE

A high-resolution 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

The left fact joint C7/T1 is misshapen presenting moderate eccentric hypertrophy without stenosis of the vertebral canal. The left neuroforamina C7/T1 is mildly narrowed.

There is a moderate amount of gravity dependent soft tissue material visible in the pleural cavity. The lung lobes are retracted from the thoracic wall and pleural fissure lines are visible.

Along the ventral aspect of the vertebral bodies of T13 to L3, brush-border like periosteal new bone formation is seen, most pronounced at the ventral aspect of L1 & L2.

Level with L2 to L5, a moderate diffuse swelling of the right hypaxial musculature is noted, presenting a mild hypoattenuating center. The retroperitoneal fat presents mild fat-stranding.

COMPUTED TOMOGRAPHIC DIAGNOSIS

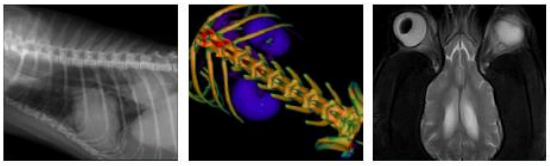
- Moderate pleural effusion
- Polyostotic semiaggressive osteoproliferative lesions ventral aspect vertebral bodies T13 to L3
- Swelling right hypaxial musculature level L2 to L5 with potential cavitation
- Mild retroperitoneal effusion
- Suspect congenital hyperplasia left facet joint C7/T1 with mild left sided neuroforaminal stenosis and no evidence of stenosis of the spinal canal

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study is highly suggestive for a migrating foreign body in the right sublumbar region with abscessation and with secondary spondylitis of T13 to L3. Due to the pleural effusion, an inhaled foreign body secondary pyothorax is likely. Evaluation of the lung parenchyma is limited due to severe dystelectasis of the lung parenchyma.

No foreign material is appreciated by CT, however recommend ultrasound examination of the sublumbar region to screen for foreign material and locate fluid pockets. If not done so yet, tapping the pleural effusion is warranted as well. If advanced diagnostic tests confirm the diagnosis, surgical management is indicated.

SonoPath Teleradiology



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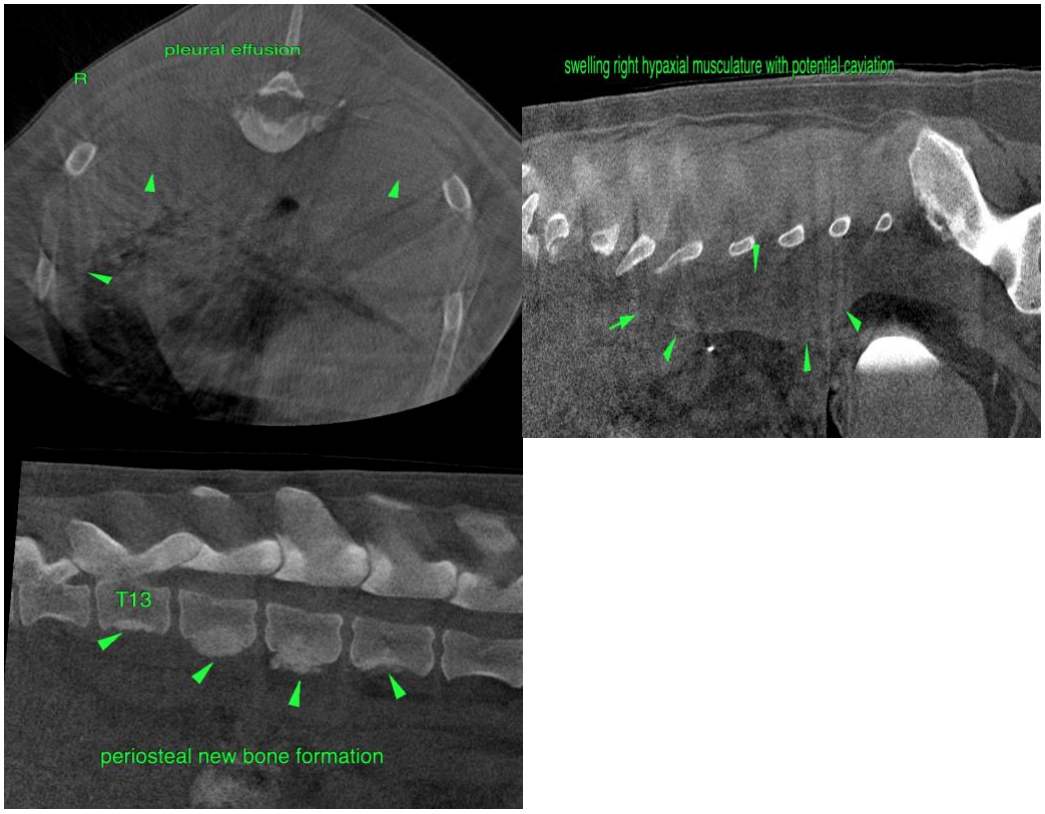

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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