



PATIENT

Kali Torres

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

19Y

WEIGHT

5.8lbs

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet.
DipECVDI

IMAGING PERFORMED BY

José L. Alvarado Bruno -
CT Scan Technician (CVT)

HOSPITAL NAME

Veterinary Image
Center

REFERRING VET

Dr. E. Gerena, DVM

INVOICE

73249

DATE

1-8-26

PRESENTING CLINICAL SIGNS

Presenting Complaints): Pain and discomfort on Lumbosacral vertebrae and HL paresis bilaterally. The owner reports the patient is a 19-year-old indoor-only cat with a known history of chronic kidney disease, managed with subcutaneous fluids administered twice weekly. The owner reports an acute traumatic event earlier in the day in which the patient fell from a three-story cat condo. The owner observed that the patient appeared to land on her face and did not use her forelimbs to break the fall. Following the fall, the owner reports the patient appeared disoriented and uncoordinated, with difficulty ambulating and falling again when attempting to climb onto furniture. The owner notes the patient assumed a prolonged "loaf position and tolerated head handling, which is atypical behavior for her. The owner reports the patient appeared weak, particularly in the left hind limb, and seemed unable to lift herself normally. No seizures were observed. The owner denies vomiting, diarrhea, coughing, or sneezing in the days prior to presentation. Appetite is variable; the patient is fed a prescription renal diet but intermittently refuses food. Palatability enhancers (e.g., Churu) are occasionally added to encourage intake. The owner reports a history of intermittent gastrointestinal upset with vomiting every 2-3 months, previously responsive to famotidine. The owner reports known dental disease associated with advanced age, including tooth loss and discoloration.

Abnormal PE/Chem/CBC/UA Results: 1/5/2026 CBC --- mild to moderate thrombocytopenia (94) CHEM --- GLU mild increased (167), BUN mild increased (45), TP mild increased (9.4), GLOB mild increased (6.2), CHOL mild increased (279) and K+ mild decreased (3.3) 1/8/2026 CHEM --- K+ mild decreased (3.0)

COMPUTED TOMOGRAPHY OF THE SKULL, THORAX, ABDOMEN AND PELVIS

A high resolution full body pre- and post-contrast CT study is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

Skull & Neck

Multiple teeth are absent.

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

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

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.

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.

Thorax & Thoracic spine

The vertebral endplates T9/T10 present mild spondylosis formation.

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.



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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.

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The lung parenchyma presents the expected architecture and attenuation behavior.

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

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Abdomen, Lumbar spine and Pelvis

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

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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.

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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.

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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.

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The vertebral endplates L7/S1 present mild spondylosis formation.

The osseous and surrounding soft tissue structures of the pelvis are within normal limits. Both coxofemoral joints present smooth osseous margins and congruent joint spaces.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Multiple absent teeth
- Multifocal mild spondylosis formation along the thoracic and lumbar spine
- Normal neck
- Normal thorax
- Normal abdomen
- Normal pelvis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT study reveals no clinically relevant abnormalities and an underlying cause for the presenting clinical signs cannot be specified. There is no evidence of compressive myelopathy or degenerative joint disease. If there is strong clinical suspicion for intramedullary pathology, workup can be complemented by a myelographic CT study or MRI study of the spine.

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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.

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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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info@sonopath.com

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