



PATIENT

Penelope Mccoy

PRESENTING CLINICAL SIGNS

Worsening T3-L3 myelopathy static swelling left stifle

COMPUTED TOMOGRAPHY OF THE SKULL, ENTIRE SPINE AND HIND LIMBS

SPECIES

Canine

A high resolution plain CT study of the skull, entire spine and the hind limbs is provided for review.

BREED

Weimaraner

Skull

Major parts of the crown of triadan 108 are absent; the respective roots present mild periapical widening of the periodontal space and resorptive lesions of the roots. Triadan 109 presents periapical widening of the periodontal space.

SEX

FS

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.

AGE

9 Years

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.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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

At the cranial aspect of the right thyroid gland, a soft tissue attenuating nodule a soft tissue nodule is appreciated, measuring 11 mm.

Spine

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The intervertebral discs C4/C5 to C6/C7 are mildly protruding into the vertebral canal.

Multifocal spondylosis formation is seen along the thoracic & lumbar spine.

The lumbosacral intervertebral disc is protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal at the same level.

REFERRING VET

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Hospital

Hind limbs

The periarticular bones of both coxofemoral joints present mild osteophyte new bone formation.

Proximal to the greater trochanter of the femora bilaterally, focal granulated mineralization of the soft tissues is seen. A small mineralized body is seen at the medial aspect of the lesser trochanter of the right femur.

INVOICE

54564

The volume of the left thigh musculature is moderately decreased and the width of the cortex of the left femur is reduced in comparison to the contralateral side.

DATE

10-11-22

The periarticular bones of the left stifle joint present advanced osteophyte new bone formation. The left stifle joint presents a moderate intracapsular soft tissue swelling . A TPLO implant is seen at the medioproximal aspect of the left tibia, the osteotomy is completely filled with trabecular bone. Beam hardening artifacts are surrounding the TPLO implant.



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COMPUTED TOMOGRAPHIC DIAGNOSIS

- History of cranial cruciate ligament surgery using TPLO, the osteotomy is in the remodeling phase
- Advanced degenerative osteoarthritis left stifle joint
- Moderate articular swelling left stifle joint
- Disuse atrophy of the musculature and osseous structures left hind limb
- Mild degenerative lumbosacral stenosis with possible dynamic compression of the caudal equina fibers
- Mild intervertebral disc protrusion C4/C5 to C6/C7 without evidence of compressive myelopathy
- Nodular enlargement cranial pole right thyroid gland
- Complicated dental fracture 108
- Periodontal granuloma formation 108 & 109
- Metaplasia tendon of the gluteus medius muscle bilaterally and tendon of right iliopsoas muscle
- Spondylosis deformans

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The advanced degenerative joint disease with joint effusion and likely thickening of the joint capsule of the left stifle joint due to history of cranial cruciate ligament pathology is a plausible source for the clinically appreciated stationary swelling of the left stifle joint.

No clinically relevant abnormalities of the spine are appreciated, explaining the T3-L3 myelopathy. In case of strong clinical suspicion for underlying compressive myelopathy, recommend complementing workup by a myelographic CT study of the spine. Rule out underlying degenerative myelopathy as potential source for progressively deteriorating clinical signs as well.

The enlarged right thyroid gland can present adenoma of the parathyroid gland, nodular hyperplasia, thyroid cyst or neoplasia of the right thyroid. Ultrasound might be used for further definition. Check blood calcium values to rule out function parathyroid adenoma.



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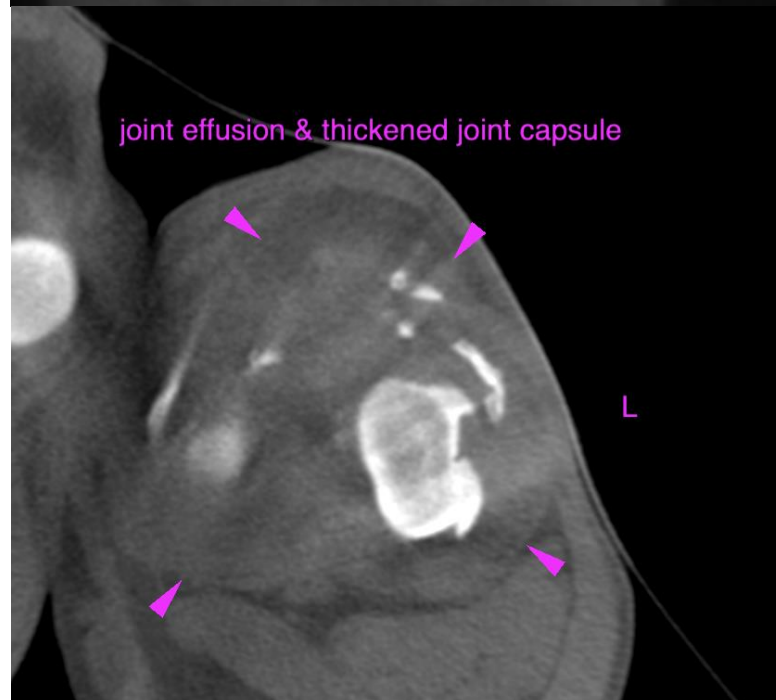
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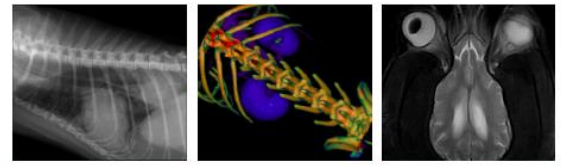
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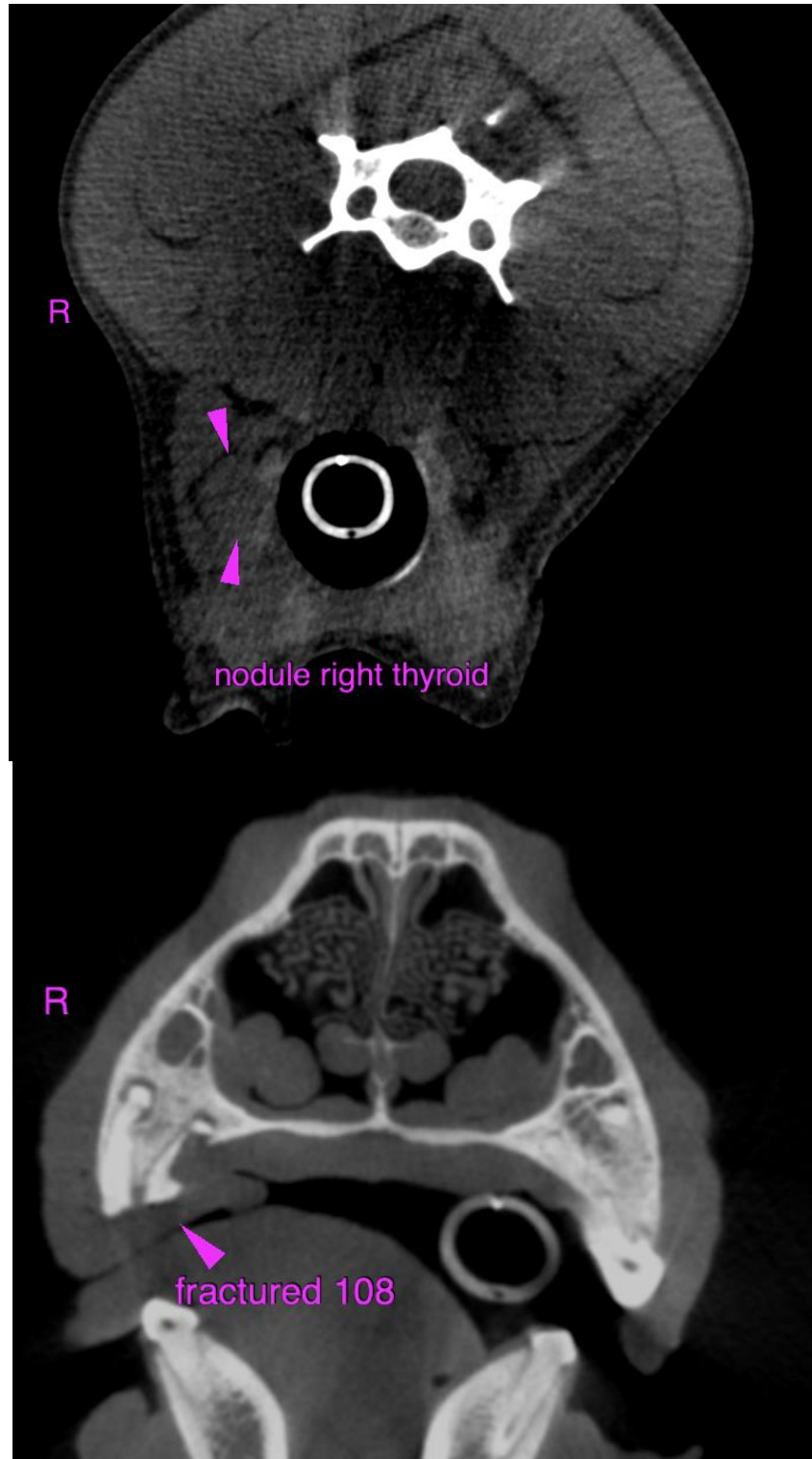
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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