



PATIENT

Shine Rolon

PRESENTING CLINICAL SIGNS

Suspected IVDD Radiologist consult - thoracolumbar problems(disc disease) Owner complain about pain and not been herself Very poor response to Tx: Gabapentin 300mg TID, Prednisone, Methocarbamol 500mg TID, Tramadol 50mg BID. Change to Keppra 500mg TID to r/o seizure but poor response during last weekend.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC --- unremarkable CHEM --- BUN moderate increased and ALT mild increased

BREED

Cane Corso

COMPUTED TOMOGRAPHY OF THE SKULL, NECK AND THORACIC SPINE

A high resolution pre- and post-contrast CT study of the skull, neck and thoracic spine is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

SEX

SF

Skull

The tooth elements 308&408 are absent.

AGE

1 Year

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

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

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.

HOSPITAL NAME

Veterinary Image
Center

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.

REFERRING VET

Dr. M. Davila, DVM

The osseous and soft tissue structures of the neck present without abnormalities.

Thoracic spine

INVOICE

47808

The bony and soft tissue structures are within normal limits.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Absent triadan 308&408
- No evidence of compressive myelopathy

DATE

10-14-21



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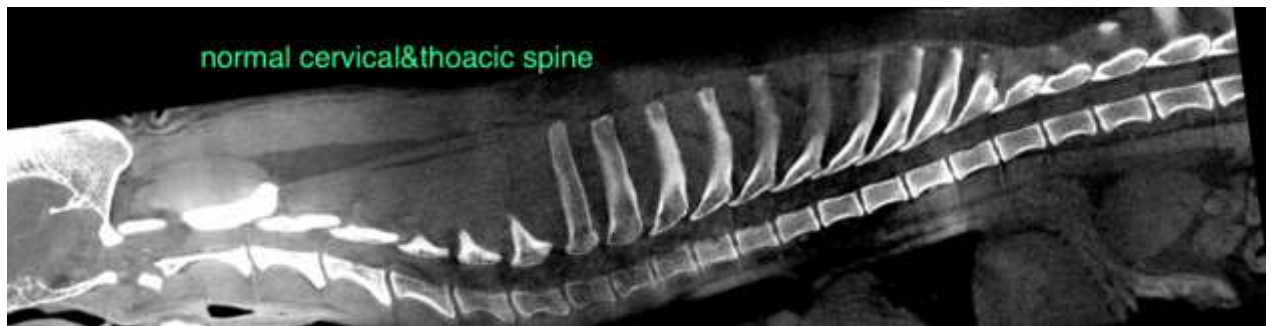
DATE

10-14-21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The current CT study of the skull, neck and thoracic spine presents without abnormalities, explaining the described clinical signs. At this point there is no evidence of discospondylitis – CT findings can lack behind clinical signs – or compressive myelopathy, although prolapse of isoattenuating material cannot be ruled out entirely. To screen for inflammatory disease of the CNS, such as myelitis/steroid responsive meningitis arteritis, complementing workup by a CSF tap is recommended.

If there is strong clinical suspicion for compressive myelopathy, recommend complementing workup by a myelographic CT study or MRI study.



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.

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