



PATIENT PRESENTING CLINICAL SIGNS

Blue Ventura

Presented to ER facility on 10/9/2021 for lethargy/ ADR since this am. O said pt went outside, did the normal routine, then had been really slow and urinated on himself after that. O not sure what happened. No significant findings on PE and routine labs. Radiographs conclusions: 1. Intervertebral disc disease is present at least at T12-L2, and a compressive myelopathy due to disc herniation could be a potential cause of the clinical signs, though other locations or etiologies cannot be excluded (e.g. nondisplaced trauma, inflammatory, vascular, neoplastic, infectious). 2. Moderate bilateral coxofemoral degenerative joint disease is present, worse on the left, potentially due to dysplasia. An acute exacerbation could also be contributing to the clinical signs. There is also left pelvic limb muscle atrophy. 3. Mild bilateral stifle degenerative joint disease is present, consistent with chronic instability due to ligamentous and/or meniscal injury. An acute exacerbation could also be contributing to the clinical signs. 4. Mild hepatomegaly is a nonspecific finding could be due to endocrine or steroid hepatopathy, hepatitis, or less commonly diffuse neoplasia. 5. The remainder of the abdomen is unremarkable for the postprandial state with incidental peritoneal metallic wires representing grill brush bristle type material from previous ingestion that have migrated outside of the gastrointestinal tract. 6. Unremarkable thorax. Abnormal PE/Chem/CBC/UA Results: panting

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Male Neutered

COMPUTED TOMOGRAPHY OF THE ABDOMEN

AGE

13 Years

A high resolution pre- and post-contrast CT study of the abdomen is provided for review.

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis. In the left cranioventral abdomen, an isolated, metal attenuating linear body measuring approximately 1.6 cm in length is visible, no abnormalities of the surrounding peritoneal fat are appreciated.

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Both kidneys present within normal limits for size, shape and organ architecture. After contrast administration multiple well-defined variable sized – measuring up to 6 mm in diameter – roundish.

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

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Meaux

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

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The hepatic volume is mildly increased and the caudoventral margins are rounded and protruding caudally beyond the costal arch.

The gallbladder contains a moderate amount of heterogeneous mineralized biliary sludge, partially attached to the gallbladder wall.

DATE

10-27-21

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.

**PATIENT**

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Multifocal spondylosis formation is present along the lumbar spine. A vacuum phenomenon is seen in the intervertebral disc space L4/L5 and the respective intervertebral disc is mildly protruding into the spinal canal, distorting the ventral epidural space at the same level. Both coxofemoral joints present moderate osteophyte new bone formation.

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In the subcutaneous tissue along the abdominal wall, multiple small nodular lesions are visible.

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COMPUTED TOMOGRAPHIC DIAGNOSIS

- Mild hepatomegaly
- Moderate biliary sludge
- Renal cortical cysts
- Degenerative osteoarthritis coxofemoral joints bilaterally, L>R
- Mild intervertebral disc protrusion L4/L5 without compressive myelopathy
- Incidental migrating peritoneal foreign body (small wire), left cranioventral abdomen
- Multiple non-specific subcutaneous soft tissue nodules
- Spondylosis deformans

SEX

Male Neutered

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

13 Years

The CT study presents without specific abnormalities, explaining the described clinical signs. There is no evidence of clinically relevant discopathy. In case of strong clinical suspicion for compressive myelopathy, complementing workup by a myelographic CT study or MR study of the spine is recommended.

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Potentials for the hepatomegaly include metabolic hepatic disease, hepatitis or diffuse neoplastic infiltration. In case of doubt, ultrasound guided FNA sampling and/or Tru-cut biopsy can be used as minimally invasive methods for further workup.

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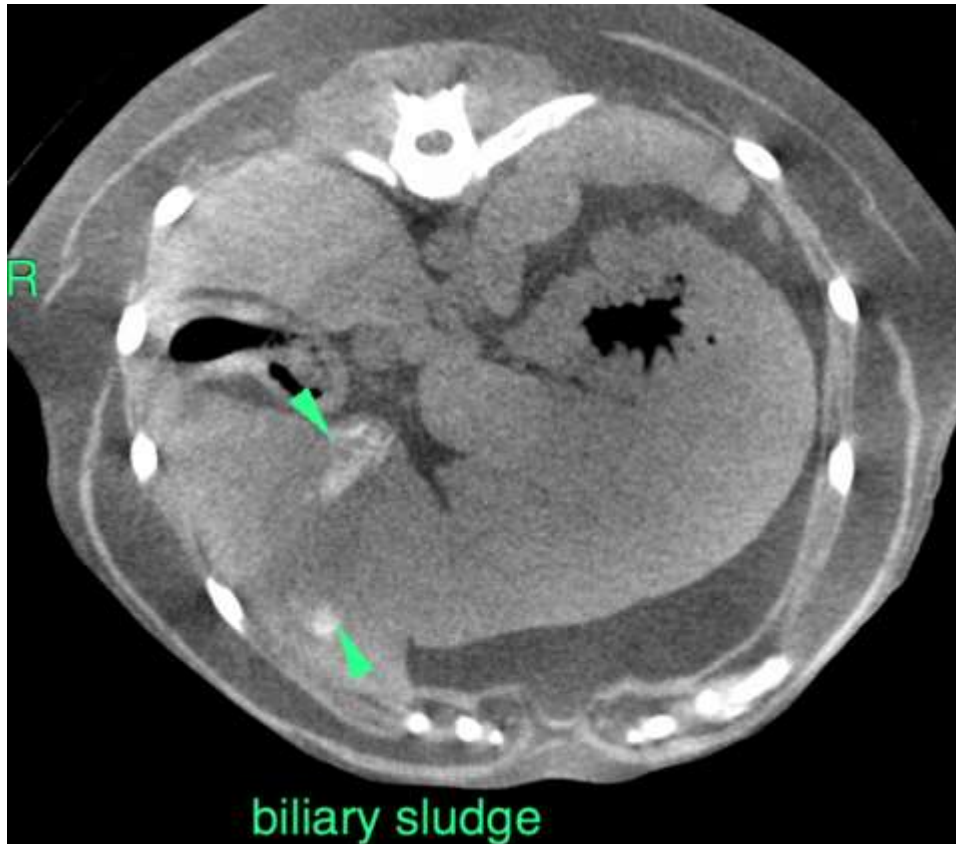
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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