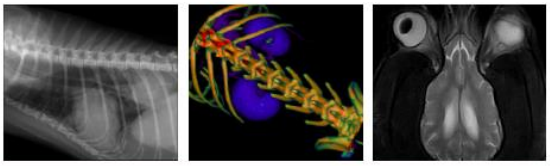
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Samson Rosencutter

SPECIES

Canine

BREED

German Shepherd

SEX

MN

AGE

3 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Animal Health Care
Denver

REFERRING VET

Cathyrn Sayer

INVOICE

54510

DATE

10-6-22

PRESENTING CLINICAL SIGNS

We took radiographs due to acute lameness. Please see attached radiology report. He has significant hip dysplasia. He also may have IVDD and/or prostatomegaly per the report. We are investigating these two possibilities. "Mild narrowing of the L4-L5 intervertebral disc space may be a positional artifact, but true narrowing is possible. The lumbosacral junction is normal, with no evidence of osseous degenerative change or subluxation. No vertebral osteolysis is seen in the included portion of the spine. Prostatic enlargement is suspected. It is possible that the more caudal ovoid soft tissue opacity at the level of the pelvic inlet is actually the urinary bladder, with an ill-defined soft tissue mass cranial to it, but it is considered more likely that the prostate is the more caudal soft tissue opacity. The remainder of the visible abdomen is normal."
Abnormal PE/Chem/CBC/UA Results: NSF

COMPUTED TOMOGRAPHY OF THE ABDOMEN

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

COMPUTED TOMOGRAPHIC FINDINGS

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

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. The urinary bladder is in the expected position. The prostate is small (measuring up to 12 mm in size) and presents with the expected attenuation and contrast enhancement pattern.

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.

The portal vein presents a normal order of its tributary veins and intrahepatic branching. No abnormal vessel is noted inside and outside of the liver parenchyma.

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.

The osseous and soft tissue structures of the lumbar spine present without abnormalities. A stitching artefact is noted level T13/L1.

Both coxofemoral joints present moderate osteophyte new bone formation. The acetabular groove bilaterally is shallow.

In the umbilical region, a well-defined, roundish fat depot is seen in the subcutaneous tissue, presenting a thin soft tissue attenuating stalk to the ventral abdominal wall.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Degenerative osteoarthrosis coxofemoral joints bilaterally due to hip dysplasia

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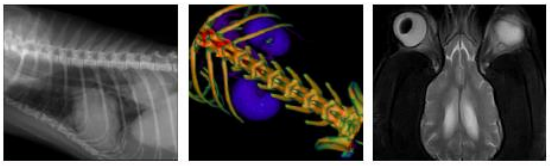

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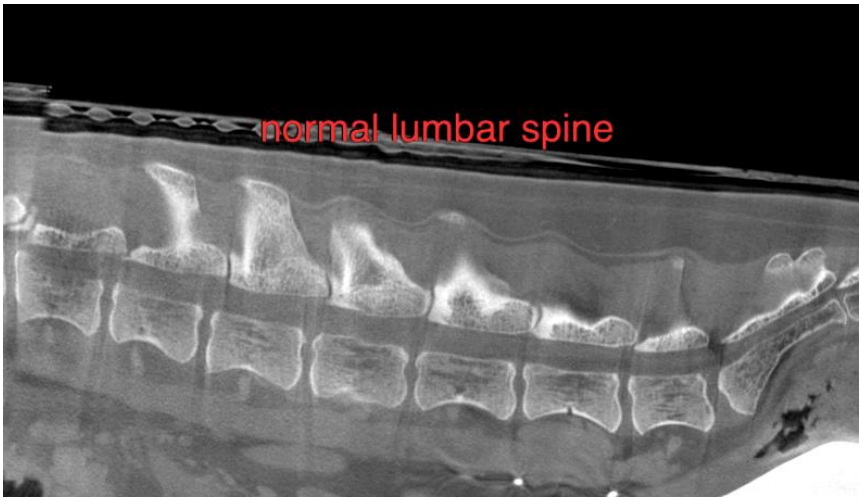
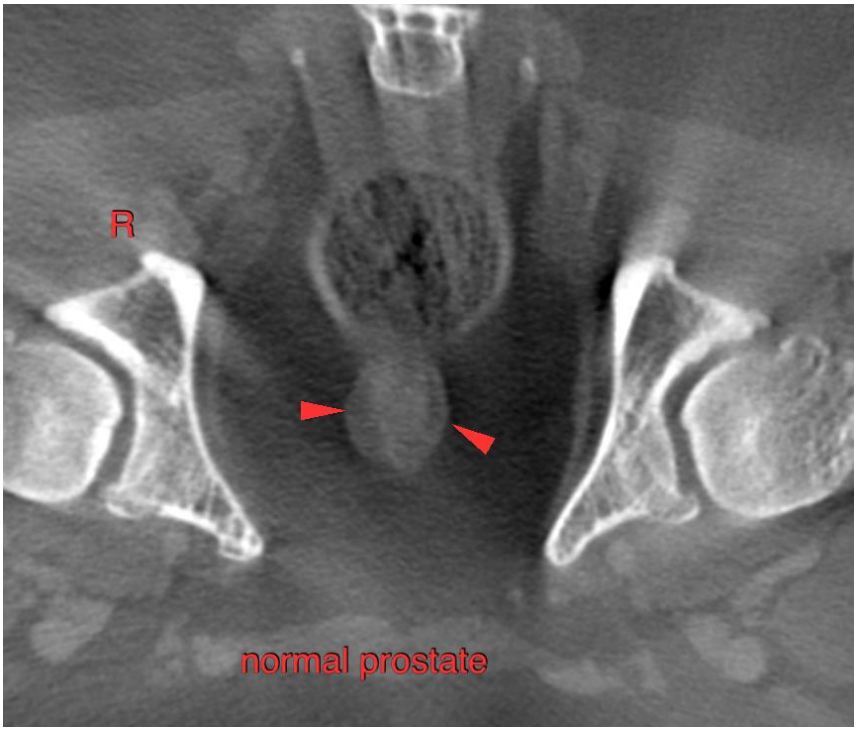
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The main finding of the CT study is the degenerative joint disease of the coxofemoral joints due to underlying hip dysplasia. Acute on chronic disease might be a source for the lameness. Rule out pathology of the distal aspects of the hind limbs or muscle strain as source for the lameness as well.

The lumbar spine presents without evidence of compressive myelopathy as source for the presenting clinical signs.





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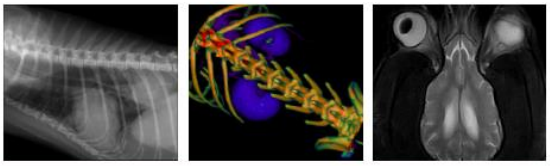

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
sebast.schaub@gmail.com