



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Max Leopke
SPECIES Canine
BREED Pekingese

History: Decreasing use of limbs. Started with difficulty to jump up onto furniture about 2 months ago. 2 1/2 weeks ago started having weakness especially on left side of body. Knuckling over both front and hind legs, unable to posture for defecation (falls over during a bowel movement), difficulty walking or standing on slippery surfaces. No improvement on prednisone. Also on tramadol & famotidine. No previous known injuries. No previous significant veterinary problems. Also has thinning hair & potbelly appearance

BREED Abnormal PE/Chem/CBC/UA Results: Alk Phos high at 548 (23-212); Alt high at 638 (10-125), remaining chemistry panel within normal limits WBC high at 21.13 (5-16.76); Neutrophils high at 18.83 (2.95-11.64) PE=CP deficits/worse on L, hemiwalk-weaker on left Considering Cushings as a possible diagnosis

COMPUTED TOMOGRAPHIC STUDY OF THE COMPLETE SPINE AND ABDOMEN

SEX

SEX Neutered Male
 A high resolution plain and myelographic CT study of the complete spine and a plain CT study of the abdomen are provided for review.

AGE

AGE 12 Years

COMPUTED TOMOGRAPHIC FINDINGS

Spine

The intervertebral disc C2/C3 and C5/C6 are mild to moderately protruding into the vertebral canal, distorting the ventral subarachnoid space at the same level and causing mild ventral depression of the surface of the spinal cord.

INTERPRETED BY

Sebastian Schaub,
 DVM Dr. med. vet.
 DipECVDI

The intervertebral disc C4/C5 is moderately protruding into the vertebral canal, occupying approximately up to 35% of the cross-sectional area of the vertebral canal at the same level; the spinal cord level C4/C5 is distorted, a small rim of the dorsal subarachnoid space is left at the same level.

HOSPITAL NAME

Casselton VC

T13 presents with a rib on the left side and a transverse process on the right side of the vertebral body.

REFERRING VET

Brad Bartholomay

The intervertebral disc T13/L1 & L3/L4 are moderately protruding into the vertebral canal occupying approximately 25% of the cross-sectional area and displacing the spinal cord at the same level dorsally which is mildly distorted. The intervertebral discs T12/T13 and L1/L2 are mildly protruding into the vertebral canal.

Abdomen

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

DATE

10/7/21

Both kidneys present within normal limits for size, shape and organ architecture.



PATIENT

Max Leopke Both adrenal glands are moderately enlarged, measuring up to 11 mm in diameter. The left adrenal gland presents mild punctuate mineralization.

SPECIES

Canine Both spleen present with normal shape, even surface, uniformly attenuating parenchyma, unremarkable.

The hepatic volume is moderately increased and the liver is protruding caudally beyond the costal arch. The hepatic margins are mildly rounded. The hepatic parenchyma is uniform soft tissue attenuating.

BREED

Pekingese The pancreas is evenly contoured, the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

SEX

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

Neutered Male

Both coxofemoral joints present moderate to marked osteophyte new bone formation. The acetabular groove bilaterally is shallow and the center of the femoral heads is lateral to the dorsal acetabular rim.

AGE

12 Years

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Intervertebral disc protrusion C4/C5, T13/L1 and L3/L4 with compressive myelopathy
- Intervertebral disc protrusion C2/C3, C5/C6, T12/T13 and L1/L2 with potential dynamic compressive myelopathy
- Thoracolumbar transitional vertebra
- Nodular enlargement adrenal glands bilaterally, small dystrophic mineralization left adrenal gland
- Hepatomegaly
- Moderate degenerative osteoarthritis coxofemoral joints bilaterally due to hip dysplasia

INTERPRETED BY

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HOSPITAL NAME

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Brad Bartholomay

The intervertebral discs protrusions can contribute to the given clinical signs. However, the protrusions are considered chronic and surgery is considered not beneficial here. No additional abnormality is appreciated as cause for the described clinical signs. Conservative management should include physical therapy.

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The bilateral adrenal enlargement is suggestive for (non)functional macronodular hyperplasia or bilateral neoplastic transformation (e.g. adenoma, adenocarcinoma, pheochromocytoma). Correlate with findings from the lab work.

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PATIENT

Max Leopke

Potentials for the hepatomegaly include metabolic hepatic disease/steroid induced hepatopathy, 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.

SPECIES

Canine

BREED

Pekingese

SEX

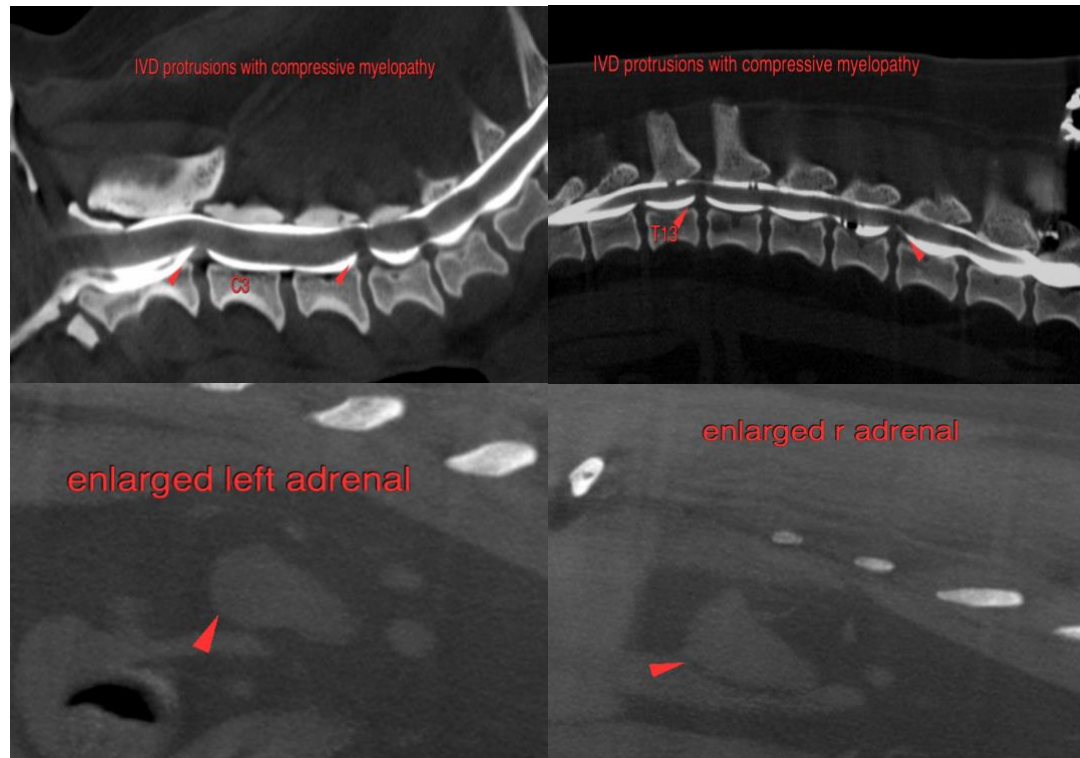
Neutered Male

AGE

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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.

HOSPITAL NAME

Casselton VC

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.

REFERRING VET

Brad Bartholomay

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