



**PATIENT**

Chico D'Abbraccio

**PRESENTING CLINICAL SIGNS**

History of urinary incontinence, ataxic hind end.  
 Abnormal PE/Chem/CBC/UA Results: History of chronic urinary incontinence and urinary tract infections.

**SPECIES**

Canine

**COMPUTED TOMOGRAPHY OF THE SKULL, THORAX AND ABDOMEN**

A high resolution pre- and post-contrast CT study of the skull and abdomen and a post-contrast CT study of the thorax are provided for review.

**BREED**

Mixed Breed

**COMPUTED TOMOGRAPHIC FINDINGS**

Skull

Multiple teeth are absent. Generalized advanced abrasion of the crowns of the remaining teeth is seen. There is evidence of generalized mild periodontal disease. Retained fragments of the roots of triadan 406 are seen within the alveolar crests.

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

**AGE**

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Both temporomandibular joints present mild osteophyte new bone formation. Along the joint capsule of both temporomandibular joints, moderate mineralizations are appreciated.

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 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.

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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.

Thorax

The sternal, cranial mediastinal and tracheobronchial lymph nodes are small elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform and considered within normal limits.

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The cardiovascular structures including the pulmonary vasculature are within normal limits.

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The bronchial tree presents with regular branching and tapers uniformly towards the periphery as expected, the bronchial walls are thin and smooth. The bronchus-to-artery ratio is within normal limits.

The lung parenchyma presents the expected architecture and attenuation behavior.

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Small incidental gas pockets are seen within the esophageal lumen, there is no evidence of abnormal dilation.

Abdomen

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



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or peritonitis.

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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 moderately distended. The urinary bladder wall is mildly thickened. The urethra is generalized mildly distended by fluid attenuating material. The urethral wall appears smooth.

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

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

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The liver has a normal size and shape. Throughout the hepatic parenchyma, small (<8 mm) parenchymal filling defects are seen throughout the hepatic parenchyma.

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

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

Spine

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The osseous and soft tissue structures of the cervical spine present no abnormalities.

Multifocal mild spondylosis formation is seen along the thoracic spine.

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The intervertebral discs L1/L2 & L3/L4 are mildly protruding into the vertebral canal, distorting the ventral epidural space.

The left dorsal aspect of the vertebral endplate of S1 presents an irregular crescent shaped defect and a corresponding irregular shaped mineral attenuating body is deviated dorsally by the protruding lumbosacral intervertebral disc. The lumbosacral intervertebral disc is mildly protruding into the vertebral canal, occupying approximately 20% of the cross-sectional area of the vertebral canal – accentuated in the left aspect.

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**COMPUTED TOMOGRAPHIC DIAGNOSIS**

- History of recurrent lower urinary tract infection
- Osteochondrosis dissecans (OCD) cranial vertebral endplate S1
- Mild intervertebral disc protrusion L7/S1
- Mild intervertebral disc protrusion L1/L2 & L3/L4 without compressive myelopathy
- Degenerative osteoarthritis temporomandibular joints bilaterally with metaplasia of the joint capsule
- Generalized abrasion of the crowns of the teeth
- Retained roots triadan 406
- Multiple absent teeth
- Hepatic cysts
- Spondylosis deformans

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The CT study presents no specific abnormality, explaining the neurological deficits, there is no evidence of clinically relevant compressive myelopathy. Degenerative myelopathy might be a consideration. No structural abnormalities of the lower urinary tract are appreciated, but the



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mild thickening of the urinary bladder – can be a sequela to cystitis.

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Possibilities for the incontinence can include urinary bladder/lower sphincter dyssynergia or incompetence, PU/PD.

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A myelographic CT study or MRI study of the spine might be used as advanced diagnostic imaging tools to rule out intramedullary lesions.

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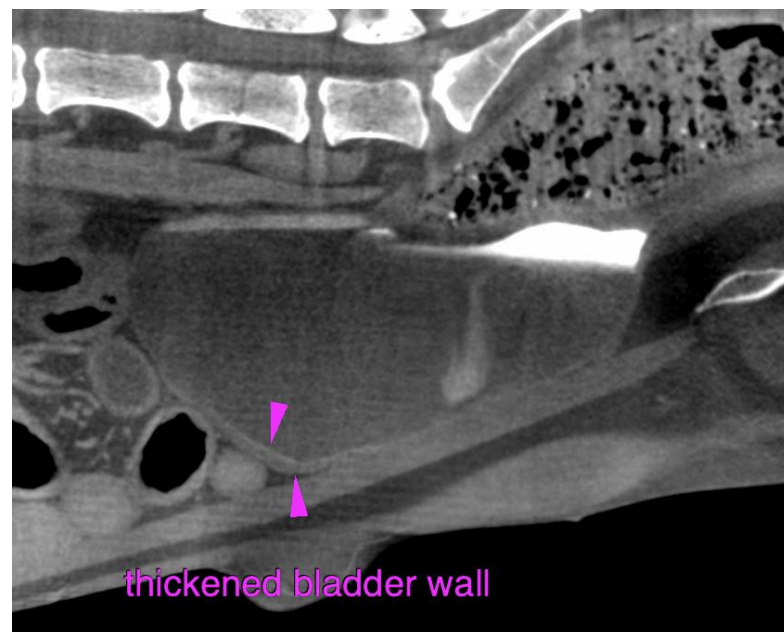
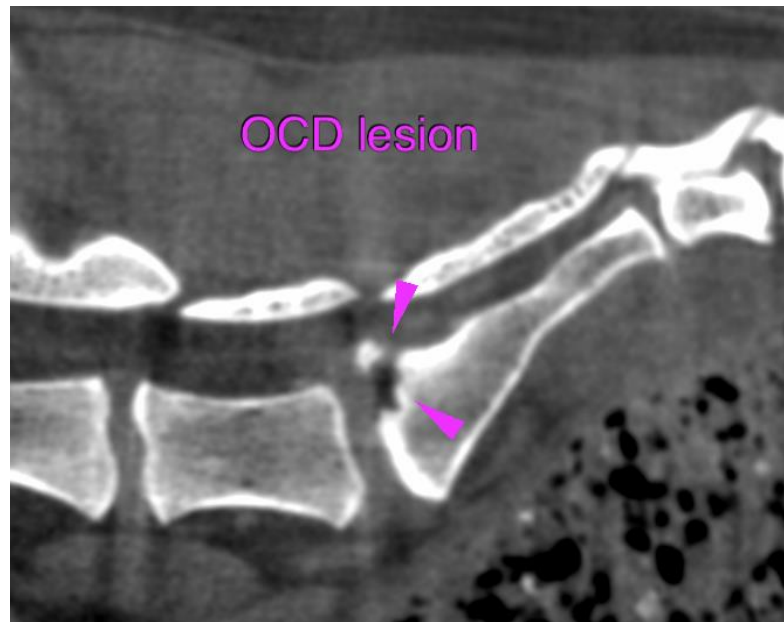
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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